

Psychology Internship Program



VA Pacific Islands Health Care System (VAPIHCS)

Director, Psychology Internship Training (116)
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[Psychology Training Education | VA Pacific Islands Health Care | Veterans Affairs](#)

Generalist Internship Track Match

Number: 124411

Rural Health/Generalist Internship Track Match Number: 124412

Applications due: November 7

Accreditation Status

The psychology internship program at the **Pacific Islands Health Care System (PIHCS)** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The APA CoA can be reached at: 750 First Street NE, Washington, DC 20002-4242; Telephone: 800-374-2721; 202-336-5979; TDD/TTY: 202-336-6123. The next site visit is expected in Spring 2027.

APPIC Member Status

The psychology internship program is an APPIC member program. Contact APPIC Central Office at 17225 El Camino Real, Suite #170, Houston TX 77058, email at appic@appic.org, Phone: 832-284-4080 Fax: 832-284-4079.

On-Pandemic

Within the VAPIHCS, we have made and continue to make adjustments to ensure the safety and quality of patient care is upheld for Veterans while enabling psychology trainees to effectively and safely engage in training. Within our training program, we have and will continue to enact decision making that upholds principles outlined by APPIC in doing what is safe, equitable, ethical, and based on quality scientific information in all aspects of training program engagement.

Application & Selection Procedures

Eligibility

Doctoral students in American Psychological Association (APA-accredited), Canadian Psychological Association (CPA-accredited), or Psychological Clinical Science Accreditation System (PCSAS) Clinical or Counseling Psychology programs are eligible to apply. All coursework required for the doctoral degree must be completed prior to the start of the internship year, as well as any qualifying, comprehensive, or preliminary doctoral examinations. We prefer candidates whose doctoral dissertations will be completed, or at least well under way before the internship. Although we do not require the dissertation to be successfully defended prior to the start of internship, we strongly encourage all candidates to either defend or be near completion of their dissertation to ensure the most enriching experience while on internship. Applicants must have successfully proposed their dissertation by our program application deadline of November 7. Because internship is part of the doctoral training requirement, interns must not be granted their degree by their academic institution prior to successful completion of the internship year. Premature granting of the degree by the graduate program could endanger the intern's stipend. Persons with a doctorate degree in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. Applicants must be U.S. citizens.

The training program values a commitment to the provision of the highest level training with regard to the ethics, standards, guidelines and principles of our professional organizations (e.g., APA, APPIC), the State of Hawaii, and the United States Government. We celebrate the rich diversity that exists in our country and abroad. We do not discriminate against applicants based on gender, gender identity, culture, body size, physical appearance, ethnicity, ethnic identity, race, racial identity, national identity, language of origin, country of origin, Veteran status, sexual orientation, age, physical and mental abilities, religion, belief system, absence of religion, level of financial resources, or any other non-relevant category. VAPIHCS recognizes and values that psychology staff and trainees will have an opportunity to work with Veterans from a multitude of diverse backgrounds who differ in terms of culture, age, sexual orientation, gender, gender identity, national origin, religion and or belief system, ability, body size, income and many other forms of diversity. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and other group identities. VAPIHCS values diversity and expects for all staff and trainees to demonstrate that value in all actions. It is the training program policy that psychologists and psychology trainees cannot exempt themselves from working with any of these or other diverse groups of persons for political, religious, or other reasons as it would constitute a form of unfair discrimination against a group of people. Interns are entitled to equal treatment in selection decisions and freedom from harassment, or unfair treatment. We strive to recognize and oppose social injustice in its various forms including prejudice, oppression, exploitation, harassment, and other forms of unfairness.

Finally, it is important to note that a Certification of Registration Status, Certification of U.S. Citizenship, and agreement with drug free workplace requirements are required to become a VA intern. The federal government requires that male applicants (identified as male for sex assigned at birth) to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. We cannot consider applications from anyone who is not currently a U.S. Citizen. Appointment to the internship is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Any misrepresentation of facts in the application may be cause for dismissal. Prior to starting, interns are required to have immunizations (or proof of immunity that is inclusive of Covid-19). The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on site they are subject to random selection in the same manner as other staff. Of note, this drug screening includes cannabis, with application of federal law (not state law) regarding drug policies (see [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)).

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Psychology Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Application procedure

Our program utilizes the AAPI Online. Applicants are required to submit: 1) a completed AAPI, 2) three letters of recommendation, 3) a current vitae, and 4) a transcript from all graduate programs attended. No additional materials are required to initially apply for the internship program.

Generalist Internship Track (Program Code 124411, five positions).

Rural Health/Generalist Internship Track (Program Code 124412, one position).

ALL APPLICATION MATERIALS FOR THE 2022-2023 APPLICATION YEAR (INTERNSHIP CLASS 2023-2024) MUST BE RECEIVED BY 11:59 EST on NOVEMBER 7, 2022

Selection

Our selection criteria are based on a goodness-of-fit model. We look for interns whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our internship setting. At the same time, we look for interns whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive internship experience. Although we do not require a minimum number of direct hours, we recommend interns have a minimum of 400 hours of direct contact intervention hours and 100 hours of direct contact assessment hours. We further value individuals from diverse backgrounds who further value working with diverse clients/patients and colleagues. The ideal candidate has demonstrated strengths in clinical work, academic preparation, personal characteristics related to the profession, and research productivity. We are seeking bright, conscientious, personable, diverse, and well-qualified applicants with sound clinical practicum training in psychological assessment, as well as individual and group therapy with adults. The ideal candidate has the ability to function independently with initiative under appropriate supervision. The ideal candidate further exhibits flexibility, maturity, good judgment, the ability to tolerate disappointment, humility, integrity, a value of others, cultural sensitivity, and has interest in a scientist-practitioner training model. We prefer candidates with experience working with complex patients and problems. The VAPIHCS training program highly encourages interns to take initiative in their own learning and as a member of the greater health care facility community. Although the internship training year can be viewed as a “box to check” on the road to a doctorate, the ideal intern candidate approaches internship as an opportunity for intensive learning. We encourage interns to be active in their learning process, being self-reflective on areas of growth, humble, and seeking out those opportunities that feel more uncomfortable. We value the on-going goal of metacompetence and the use of critical thinking as a professional practice. We view the opportunity to earn a doctoral degree as providing avenues of contribution rather than what is owed to the individual with the degree. In addition to these selection factors, we like to compose our incoming class with a variety of interns: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

All applications are initially reviewed for eligibility, with each application being reviewed by two different members of the selections committee to ensure a thorough and fair review. We notify all applicants on the status of their applications by December 16. Subsequently, our selection committee (composed of training faculty as well as intern and postdoctoral fellow representatives) closely reads all applications remaining under consideration. The selection committee provides multiple readings of each application and retains a list of finalists who are being considered for ranking. In lieu of an in-person or phone/video interview, the selection committee will invite applicants being considered for ranking to a) submit a work sample and b) participate in a vignette based competency online interview.* We offer online interviews in lieu of phone, video or in-person interviews to provide convenience to our applicants and allow applicants the opportunity to be reflective in their responses. We also conduct interviews in this manner to reduce potential bias in the selection process, while enabling individuals to participate in the interview process regardless of socioeconomic status (i.e. ability to fund travel to interviews). We want the competencies and qualities of the interns to be what is reviewed within the interview process rather than interviewing skill, degree of charisma, or other variables that are not relevant to being a quality professional psychologist. In addition, those applicants being considered for ranking are invited to attend an optional open house (all current VAPIHCS interns and the majority of the psychology staff participate in this event). The open house for the 2022-2023 selections year is currently planned to be a virtual experience. Finally, we offer internship candidates the opportunity to be connected with psychology training staff and current trainees to better learn about the site.

Each year we have many more qualified applicants than we can accommodate. For the 2021-2022 application year, we received 90 completed applications. Two separate ranking lists are developed for the Generalist Internship Track (Program Code 124411) and the Rural Health/Generalist Internship Track (Program Code 124412). Interns are able to request to be considered for both ranking lists. Of note, these two tracks are highly convergent, with the rural health track trainee participating in one rural health rotation as part of their internship experience. Requesting to be considered for ranking on both lists does not diminish your chances or ranking at our site, nor does it negatively impact your ranking by the program on either list. In accordance with APPIC policy, no feedback regarding applicant ranks is provided to applicants

either before or after match results are announced. Although not an eligibility requirement of the program, we strongly encourage intern candidates to complete or be near completion of their dissertation work prior to the start of internship.

** Applicants requesting an accommodation due to disability for either the Open House or the Online Interview are asked to request such assistance (via email to shiloh.jordan@va.gov) at the time they receive notification of interview in which individuals will be asked to submit a work sample and participate in the competency based vignette online interview.*

Open House

Applicants selected to submit a work sample and participate in the online interview may attend a hybrid virtual/in-person open house on **Thursday, January 19th, 2023**. We schedule the open house at the end of the application season in order to reduce potential conflict for applicants with other interviews and to also enable applicants to experience a little aloha after the emotional marathon of selections. The purpose of the open house is to assist applicants in deciding how to rank our program by providing greater insight into the training program, talk with our current interns, have questions answered, and meet some of our psychology staff. Perhaps most importantly, it provides an opportunity to experience the atmosphere and attitude of the program. Please note that our ranking of candidates is based on the written application packet, work sample, and online interview. An applicant choosing to participate/not participate in the open house is not a factor in our ranking of candidates.

Contacting current interns

Current interns are one of the best sources of information about our internship program. We strongly encourage applicants to talk with current interns about the training experience. Please feel free to email the Training Director or Assistant Training Director and request to speak with an intern. Your request will be forwarded to the current interns and an intern will contact you.

Couples

We are happy to consider applications from couples. The APPIC computer match system is capable of accommodating couples who wish to intern in the same geographic area. There are four other APA-accredited programs within commuting distance of our program (Tripler Army Medical Center (Active Duty only), University of Hawaii Counseling Center, Waianae Coast Comprehensive Health Center, I Ola Lahui Rural Behavioral Health Program), as well as one accredited, on contingency program (Hawaii Psychology Internship Consortium).

Schedule

The internship is full time for a year beginning in July 2023. Interns are given credit for 2080 hours of training for the full year, which meets state licensure requirements, including those states that require a 2000-hour internship. Interns work a 40-50 hour week, and typically exceed this in the unusual clinical situation or by personal choice (e.g., conduct dissertation or extracurricular research, to pursue some other individual goal, remedial need).

Stipends

The stipends for the Generalist Track and Rural Health/Generalist Track are funded by VA and have the same associated benefits. By February 1, 2023, we expect VA Central Office to confirm the number and amount of the stipends we will receive for the 2023-2024 internship year. While this information will be available prior to the Match list submission deadline, at this time we cannot guarantee the amount of funding we will receive. For the current 2022-2023 year, we received six stipends of \$29,003 each (it is anticipated that our 2023-2024 stipend will be the same).

Benefits

Interns in both internship tracks are eligible to receive health insurance coverage (a nominal co-pay is required). Interns in both tracks accrue 13 days of vacation and 13 days of sick leave in addition to the federal holidays. In addition, they are granted additional release time to attend professional conferences and programs in the same amount as other medical center staff. Interns are provided professional liability coverage by the Federal Tort Claims Act while on internship placements.

Notification of acceptance

As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the VA Pacific Islands Health Care System (VAPIHCS) internship abides by the APPIC Policy on Internship Offers and Acceptances and participates in the APPIC computer-matching program. No person at this facility will offer, solicit, accept or use any ranking-related information regarding any intern applicant.

Cultural Setting of VAPIHCS

Oahu is the most populous island in the Hawaiian chain and means "the gathering place" in Hawaiian; this is an apt name – as numerous ethnic groups are represented here. There are many opportunities for culturally rich experiences in Hawaii. Because of the diverse population, there are many ways to explore different cultures including parades and festivals, theater, musical performances, and food from around the world. Additionally, there are some important landmarks and touchstones of Hawaiian history and US history. For those who enjoy the outdoors, it is possible to enjoy hiking, beaches and outdoor sports year-round.

The VA Pacific Islands Health Care System, Honolulu Ambulatory Care Center is located in a large outpatient facility adjacent to the Tripler Army Medical Center (TAMC). The facilities overlook the city of Honolulu and the adjacent coastline, and offer a sweeping view of the Pacific Ocean and the Koolau and Waianae mountain ranges. The training program offers a unique opportunity for learning in a multicultural environment. Veterans reflect the predominant cultures - Native Hawaiian, Japanese, Chinese, Filipino, Korean, Samoan, Chamorro, European American, and other descents. The diversity and richness of the cultures and the people provide a special environment for psychologists to be trained for a pluralistic society. Although Honolulu is urban, the Hawaiian Islands and the greater catchment of the VAPIHCS (inclusive of American Samoa, Guam, and Saipan) is isolated geographically and has more limited resources readily available in comparison to many areas of the mainland U.S. In many ways, we operate as a rural health care system. This enables us to be innovative and creative within our work, while also negotiating some of the limitations that come with having less quantity of resources readily available.

For some Veterans, the Honolulu VA is a special gathering place. In Hawaii it is common that family and friends get together to share food, music, and song. It is common to see Veterans in the lobby of the Honolulu VA with their ukuleles, guitars, and friends sharing music and talking story. This is just one of the ways the culturally diverse population of Hawaii is reflected in our Veterans. The psychology ohana (family) is comprised of psychologists from a diverse range of backgrounds who share a passion for providing high quality care for our Veterans and equally highly quality training for our interns and residents. We take our role as supervisors very seriously, caring deeply about the provision of training and investing in interns as our future colleagues. We know that the ripple effect on promoting the well-being of others and the evolution of the field begins with quality training. Clinical supervisors are clinical or counseling psychologists who are licensed, as well as credentialed and privileged to provide patient care within the health care system.

Psychologists at VAPIHCS work in patient care settings as members of interdisciplinary teams. Within those teams, psychologists provide a range of psychological services appropriate to that setting. Psychologists are located in all of the mental health settings, as well as in a number of medical settings. Depending on the clinical site, their duties may include:

- assessment and evaluation
- consultation
- case management
- individual, group and couples therapy
- program development
- program evaluation
- clinical research
- staff supervision
- administration

While psychologists have major clinical and training responsibilities, many have chosen to commit considerable time and energy to additional professional activities, including program evaluation, research, administration, and involvement in state and national professional organizations. These various professional activities are valued and strongly supported by the VA health care system. Psychology has a history of encouraging excellence in individual professional pursuits: staff members encourage each other—as well as interns—to develop expertise in areas of individual interest. The psychology staff is especially committed to upholding the principles and standards related to education and training. They hope to serve as excellent role models in all aspects of their professional behavior, whether in clinical practice, research, or training.

Notably, psychologists have been appointed to leadership positions on many clinical teams, reflecting both the capabilities of individual psychologists, and the high regard in which psychologists are held within the VA. These leadership positions allow psychologists to influence the shape of service delivery at the VA Pacific Islands Health Care System, and provide role models for professional functioning in a public sector health care system.

The VAPIHCS training program highly values community and collegiality. Interns are expected to think about their impact, their obligation to others (on various levels), and their influence on setting the tone of their professional experience. The program views internship as a powerful opportunity to practice collegial engagement, as part of the overall goal of growth on multiple dimensions as an emerging psychologist. Within the intern training cohort, there is a special opportunity for collegial engagement. The program strongly discourages up-ward or downward social comparison as means of interns formulating their sense of self as a professional. Instead, interns are encouraged to look to their fellow cohort members as opportunities to either learn from a fellow intern who has particular expertise or skill in an area, while likewise sharing expertise with their fellow cohort members. The program highly values community rather than competition, sharing the common goal of enriching the psychological well-being of others rather than striving for personal gain. Consistent with our commitment to social justice, we view the earning of a doctorate degree as an honor that enables us to contribute socially in a meaningful way.

Training Aims, Competencies, and Program Philosophy

The mission of the Psychology Internship Training Program at the VA Pacific Islands Health Care System is to ensure that Veterans and others across the nation have continued access to highly qualified psychological staff, thoroughly trained in serving Veterans and others in need of psychologists' services, from a generalist perspective, with a scientist-practitioner orientation, based in diverse clinical experiences and a sensitivity to and knowledge about the influence on these services of ethnic, cultural, and individual differences. Consistent with accreditation criteria, interns are assigned to supervisors, not to specific programs, facilitating professional development through opportunities to observe and work within situations where a professional psychologist functions.

The internship year is primarily a clinically focused training endeavor, where the focus is on providing clinical experiences which will enhance the skills of the intern in implementing a solid psychological/scientific knowledge base. Interns are expected to be excellent consumers of psychological research, and to reference this underpinning for their practice in supervisory meetings, case conferences, and didactic presentations. The program has a strong appreciation for the scientist-practitioner orientation, where scientific knowledge and inquiry are highly valued.

The training program is designed to offer a broad range of clinical challenges, and this is where staff and the overall training program place the most emphasis. The intern is expected to work with a variety of patients and to utilize a wide range of assessment and therapeutic approaches and techniques. One of our program strengths is the multicultural experience available to interns. Interns will find this emphasized in their individual supervision, didactic training, and in the diverse patient population served by VAPIHCS.

The training of professional psychologists is seen as a dual responsibility. The university is responsible for academic training in the core areas of psychology, research methodology, and the fundamentals of clinical practice. We take the responsibility for providing supervised clinical experience that allows the psychologist

completing training to convert didactic learning to practical assessment and intervention skills through exposure to diverse cultural, ethnic, and diagnostic populations. Diversity is not limited to these areas, and individual differences in a wide variety of areas are valued and emphasized throughout the training experience.

While the university assumes the initial responsibility for general didactic clinical preparation, we welcome the opportunity to advance the training of interns in all areas of general psychological service delivery. In addition to the intern's direct delivery of services to patients, the training may include co-therapy, didactic presentations, clinical case conferences, and observation of faculty in clinical sessions. The foremost duty of the intern is to be effectively trained while providing quality patient care. All members of the staff, as supervisors, will attempt to facilitate this process.

In meeting the primary responsibility of effective clinical training, one major resource is the ability to involve the interns in the realistic, day-to-day demands made on VA psychologists. This offers the intern a wide range of opportunities including supervised experiences in: (a) individual, group, and milieu therapy; (b) in psychodiagnostics and specialized assessment procedures; (c) in consultation and education functions; and (d) in the supervision and management arena. Specific training opportunities are listed under the headings of each program in a subsequent section. Interns may participate in other activities which foster learning objectives and which are approved by the training committee. They are required to work on a special project unique to psychology as a profession (e.g., treatment outcome evaluations, design and implementation of specialized clinical interventions, preparing a resource manual addressing a particular need).

Since the internship is a time of transition from student to professional practitioner, the intern is expected to develop the flexibility to cope with the changing day-to-day demands, which are routine in the life of an independent professional. Professional attitude and demeanor are as important as knowledge and skills. The internship program encourages each intern to evaluate issues of personal and professional development throughout the year. This area of professional attitude and development is included in the formal evaluation by each rotation supervisor.

Program Aims & Competencies

The internship strives to assist interns in developing competencies consistent with the APA Profession-Wide Competencies:

- a) Research
- b) Ethical and legal standards
- c) Individual and cultural diversity
- d) Professional values, attitudes, and behaviors
- e) Communication and interpersonal skills
- f) Assessment
- g) Intervention
- h) Supervision
- i) Consultation and interprofessional/interdisciplinary skills

The VAPIHCS internship upholds training in these APA Profession-wide competencies via the following programmatic aims:

- Intern competency in the professional role (including self-awareness), ethics, and legal knowledge in a clinical/medical center setting.
- Intern competency in diversity skills (especially understanding and treatment of Native Hawaiians, Pacific Islanders, Asian Americans and other underserved populations).
- Intern competency in assessment and case conceptualization skills.

- Intern competency in interventions and consultation skills.
- Intern competency in sharing and application of psychological knowledge via teaching, consultation, and supervision.
- Intern competency in evaluation, including integration of research and practice.

These areas translate into *aims* in the following six areas: general professional and ethical behavior; individual and cultural diversity; theories and methods of effective psychological assessment and diagnosis; theories and methods of effective psychotherapeutic intervention; teaching and/or training; research and/or program evaluation. Thus, each of these core program aims contains specific areas of knowledge and *competencies*.

Our internship program endeavors to meet state psychology licensing requirements that at times include criteria not included in APA Accreditation standards. For example, rotation supervisors regularly complete supervisory training to conform to several state regulations beyond Hawaii. However, we cannot guarantee that the internship will meet unique requirements in all jurisdictions. We advise interns to review licensing requirements and inform us of any such specific criteria, and we will attempt to meet the needs if feasible.

Links to Psychology Laws, Licensing Boards, & Continuing Education Requirements in Canada & U.S.:

Association of State and Provincial Psychology Boards (ASPPB) (www.asppb.net)
<http://kspope.com/licensing/index.php>

Program Structure

Program Tracks

Interns in both intern tracks develop individualized training plans providing diverse clinical experiences designed to equip the intern with well-balanced assessment and intervention skills. The Rural Health/Generalist Track will complete one rotation with a rural health emphasis.

Rotation Structure

The internship year is divided into two 6-month rotations. This division of time is designed to allow for breadth of experience, while still providing sufficient time within a setting to achieve depth of experience. Rotations may be half-time (16 hours per week) or quarter-time (8 hours per week). Interns have either two half-time rotations or one half-time and two quarter-time rotations for each six-month semester. Thus, each intern works under the supervision of two or three psychologists during each semester. Since most clinical settings are available on a half-time basis, the simplest rotation schedule would consist of four different placements during the year, thereby maximizing depth of experience in each of these four settings. Currently, a variety of separate clinical placements are available to choose from, each with different strengths and opportunities.

Interns work five eight-hour days each week (7:30 a.m. to 4:00 p.m. with half-hour lunch break) and a total of 2080 hours (including vacation and sick leave) for the internship.

About 80% of time is devoted to clinical services (assessment, individual and group therapeutic interventions, case consultation, case conferences, treatment planning, clinical documentation, supervision, etc.) and 20% to attending didactic clinical and cultural training, peer consultation with postdoctoral residents, consulting with mentors, work on special projects, administrative meetings, some necessary bureaucratic functions, etc.

Interns meet individually with each rotation supervisor at least one-hour per week (thus 2-3 hours per week of individual supervision), participate in weekly group supervision, and other supervision that may include co-therapy with a supervisor, group supervision, etc. Interns have a total of at least four hours per week of supervision.

Rotation selection

The internship year begins with 1-2 weeks of orientation during which interns are acquainted with the internship program, the training staff, and the rotation opportunities. Interns hear presentations from each supervisor regarding the learning experiences available in different settings, as well as the expectations for interns within the various programs. During the course of the week, interns are asked to review their own training needs, and are advised with reference to their individual interests, prior experience, and demonstrated technical, interpersonal, and organizational skills. Interns also complete a baseline competency assessment with training staff. At the end of the orientation week, interns submit a list of rotation requests to the Training Director. The Training Director(s), in consultation with the training supervisors, reviews the interns' interests, competencies, and prior experiences and generate training plans for each intern for the full year. Of important note, plans for the second half of the training year are tentative and will be re-reviewed and approved prior to the midpoint of the training year. Individuals in the Rural Health/Generalist Track will dedicate one of their rotations to serving Veterans in rural areas.

Patient population

The majority of clients served within the VAPIHCS are adult cisgender male Veterans. However, there is an increasing number of cisgender female, transgender, and non-binary Veterans receiving treatment at the VA. Clients seen are members of a range of ethnic and racial groups, including Pacific Islander, Asian American, African-American, Latino/a, and Native American. Due to the consequences of recent wars and conflicts as well as the strong military presence on the island of Oahu, an increasingly larger proportion of our patients are recently discharged from service Veterans representing all branches of the military.

Supervision

Supervisors provide ongoing verbal feedback regarding intern progress in weekly individual supervisory sessions. Formal written evaluation is provided quarterly. Supervision includes weekly individual meetings with assigned supervisors and weekly group supervision with the entire intern cohort. In addition, supervisors provide supervision in other modalities including tape (audio and video) review, co-therapy/live-observation, and group supervision. Additional supervisory experience takes place in the form of on-site evidence-based psychotherapy consultation groups. Supervision on the telehealth rotations takes place via use of Clinical Video Teleconferencing (CVT). Interns receiving supervision via CVT also have a rotation with an on-site supervisor, as well as having access to other on-site psychology staff supervisors at the main VA facility in Honolulu. The use of telesupervision will continue to abide by allowances of APA, VA OAA, and state licensing boards. For the 2023-2024 training year, the program will continue to utilize practices for supervision and provision of patient care via clinical video-teleconferencing consistent with allowable policy, in a manner that upholds the integrity of the educational experience, and in the provision of the highest quality of patient care.

Evaluation

Evaluation is an important component of psychology training. Thus, our interns are evaluated by supervisors throughout the training year informally and formally; and, our interns are asked to evaluate us throughout the training year. At the mid-point and end of the year, interns are asked to provide de-identified evaluative feedback to the internship program. In addition, interns are asked to evaluate their rotations and supervisors quarterly, while also providing feedback on the program at exit interviews.

Mentor

During the first two months of internship, each intern selects a psychologist on staff to serve as a mentor during the internship. The mentor serves in a non-evaluative role that supports the intern's training endeavors and assists the intern with a range of needs that may include non-clinical questions related to administrative issues, professional development, problem resolution or other advising needs not related to direct patient care. Interns are encouraged to review staff diversity and professional interests when considering fit with a potential mentor.

Postdoctoral Fellowship

The VAPIHCS has six postdoctoral fellowship positions. The fellowship positions are one-year clinical advanced training experiences in general clinical psychology with five specific emphasis areas: 1) rural/underserved populations (1 position), 2) primary care-mental health integration (1 position), 3) military sexual trauma and women Veterans (1 position), 4) posttraumatic stress disorder (2 positions), and 5) LGBTQ+ Veterans' health (1 position). These positions are not guaranteed to our incoming interns. However, because our interns are often outstanding, they are often competitive as applicants for our fellowship program and many of our fellows have been former interns.

Training Experiences

Assessment Requirement

Psychological evaluation and assessment is an essential competency of a professional psychologist. The training program ensures that, prior to graduation, all interns have had experience in producing professional level evaluations relevant to their training goals and career directions. In addition to any routine testing and report writing completed in the usual course of patient care in many settings, interns are required to complete six comprehensive psychological evaluations during the year. These evaluations should be based on a combination of two or more assessment instruments and/or evaluation methods that are widely accepted, empirically supported, and clinically rich. These evaluations must result in an integrated report, which demonstrates the intern's ability to synthesize complex evaluation information and to produce a professional-level product.

Didactics, Seminars and Continuing Education

The training derived through direct clinical experience is augmented by internship seminars and by educational programs offered in the larger medical center community. The training program sponsors over 120 hours of seminars during the "academic" year, specifically oriented to the training needs and interests of the interns. Interns are actively involved in choosing seminar topics and speakers. These seminars include the weekly didactic series (2 hours weekly), workshops/trainings on specific interventions or assessments, diversity book club, and quarterly psychology trainings for psychology staff/trainees.

In order to support the pursuit of growth as a person and professional, work towards becoming more culturally competent, and to encourage the professional habit of life-long learning, the program requires all interns to complete 20 hours of relational learning. Our conceptualization of relational learning comes from a social constructionist perspective where individuals learn from each other via the sharing of ideas and experiences. These requirements are completed outside of the formal hours of the program and are intended to expand the engagement of the interns into the community of Hawaii, thus taking the experience of learning beyond the confines of the training program. The interns discuss their experiences and involvement in the relational learning activities within the group supervision.

Peer mentoring meeting

Approximately two hours every six weeks are set aside within the didactic schedule for interns to engage in peer support. In peer support, interns have allocated time to engage in mutual professional support within their cohort regarding challenges faced on internship, further develop collegial professional relationships, engage in peer consultation for clinical issues, and provide peer support for professional development.

Teaching Presentations

To provide experience in teaching on psychological theory, research, and/or clinical practice, interns select a topic of interest and a venue for presenting. Previous presentations have included VA PIHCS Noon Conferences, Grand Rounds, conference symposium or workshops, requested talks for community groups or agencies, and internal training talks for specific teams within VAPIHCS. Previous presentations have varied from trainee dissertation talks to a topic specific to the interest area or current rotation of the intern.

Special Projects/Research

VA PIHCS psychology training staff recognizes that psychologists have diverse responsibilities beyond clinical care; thus, interns will be expected to take part in a special project that is either a process improvement/quality improvement project, program evaluation, evidence based practice project, or

research (2 hours per week for the duration of the training year is reserved for this activity). The nature of the participation is based upon the interests and competencies of the intern. Interns may develop individual projects based upon conversations with their supervisors, they may participate in ongoing projects of supervisors, or interns could collaborate on a group project. The special project should be unique to psychology as a profession. Projects could include: quality assurance project, program evaluation, process improvement, treatment outcome evaluations, design and implementation of specialized clinical interventions, focus groups and follow-up recommendations to address a specific problem or need. The project must include an intervention (e.g., making a process change, providing a group) and examination of this intervention via the collection of data. Interns are required to complete their project through either the local Evidence Based Practice (EBP) Council for PI/QI/EBP projects or Institutional Review Board (IRB) for formal research projects. However, in some circumstances, interns may request to do a project with high scholarly merit that does not fit either criteria of EBP Council or the IRB at VAPIHCS. In these instances, projects may be approved by the Psychology Training Committee. Projects may be done in collaboration with another trainee and/or on-going project of an interdisciplinary staff member. A supervisor must be identified for each special project and that supervisor should be consulted on the project and involved in the process of the special project. The intern's competencies related to completions of the special project will be assessed by the supervising psychologist at both the mid-year and end of the year. The project needs to be approved by the training staff. By the end of the year, the intern will complete a final report (i.e. poster) to be shared within the facility.

Rotations

The availability of specific rotations and assignments in any training year is determined by: (a) the intern's training needs and career goals, (b) the availability of supervisory time, (c) the best fit between the intern's prior supervised experience and the program's generalist training model, (d) specific rotation requirements, (e) and staff members being assigned to clinical programs. With a change in psychology staffing, new rotations may be developed. However, the intern applicant cannot be guaranteed that the rotations and training experiences described in this brochure will be offered to them at the time they begin their internship due to the possibility of staffing changes or other major unforeseen circumstances. Rotations with each supervisor usually occur for six months for 16 hours per week.

Rotations

The following supervisors, rotations and clinical training experiences are available currently. The rotations may be added or changed due to shifts in staffing availability or adjustments needed to ensure quality training and patient care. For the 2023-2024 training year, the following rotation descriptions are predicted to be consisting of both virtual and in-person patient care consistent with VAPIHCS facility guidance and a responsible public health care response.

Behavioral Health Interdisciplinary Program (BHIP) Rotation

The Behavioral Health Interdisciplinary Program (BHIP) provides outpatient treatment for veterans with diverse symptoms from all major diagnostic categories. Individual, group, and couples therapy are offered to address the multi-faceted problems presented by the clients. BHIP clinical services are provided via telehealth and in-person care.

Staff:

The clinic is divided into two "teamlets" and includes four full-time psychologists, three full-time psychiatrists, two LCSWs, and two APRNs. Psychiatry residents and social work students also routinely rotate through this program for training. The current BHIP supervisors are Drs. Freda Feng, Caitlin Tyrrell, and Erin Sakai.

Training:

Interns will have the opportunity to provide assessment, treatment planning, individual and group psychotherapy, education in an interdisciplinary setting, and consultation. Cases will be presented during the multidisciplinary team meetings for referrals and consultation. Participation in program development may also be included in the training experience. Training may include opportunities to co-facilitate interdisciplinary groups and to develop new group offerings. Training experiences include evidence based treatments, including: cognitive behavioral therapy (CBT) for depression, anxiety, or insomnia; acceptance

and commitment therapy (ACT) for depression or anxiety; motivational interviewing (MI); mindfulness-based interventions; whole health wellness. There may also be opportunities to work with specific patient populations such as individuals with serious mental illness or complex medical co-morbidities, LGBTQ individuals, and older adults.

BHIP interns are expected to maintain a minimum case load of 5 patients, with an average 10 to 12 hours of clinical commitment by approximately mid-rotation. Caseload can be adjusted as necessary and should be discussed with the primary supervisor on an ongoing basis. Interns will be expected to co-facilitate one of the existing BHIP groups or develop a group based on their interest.

The BHIP team meets weekly on Thursdays from 7:45am to 9:00am. Trainees are required to attend this meeting, as this provides interdisciplinary team experience and opportunity to staff and present cases to the team. For the time being, this meeting will be held virtually via MS Teams. Please take this meeting time into consideration in your rotation planning, as other rotations may have conflicting scheduling demands.

Supervision:

Supervision for the BHIP rotation is offered in-person where available, otherwise will be provided via appropriate telehealth means. Supervision consists of one hour for case review and conceptualization. Additional supervision can be available in the form of live observation, co-therapy, and/or tape review.

Capacity and Time:

The BHIP rotation is ½ time (16 hours per week) for 6 months and can accommodate up to two interns at a time.

Behavioral Medicine Rotation

The Behavioral Medicine rotation provides interns with opportunities to develop competencies consistent with the professional practice of health psychology. Interns will develop the necessary skills to work effectively with diverse medical populations and those seeking to change health behaviors while learning to get to know the Veteran to develop a personalized health plan based on their values, needs, and goals. They will also learn evidence-based behavioral medicine interventions and assessments, and develop consultation skills in interfacing with other disciplines, both in one-to-one and team contexts. Throughout the rotation, interns will refine their skills in case conceptualization, treatment planning, and administration. Interns will develop a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life, and a sophisticated appreciation for the complex interrelationship between behavior and health.

Objectives:

- Defining your specific role and articulating it to staff and the patient as appropriate
- Considering what are the specific tasks or objectives required for the case
- Identifying what medical personnel are asking you to accomplish
- Knowing the scope of practice including the limits of your role and the roles/responsibilities of other professionals
- Modifying your evaluation/consultation session to be consistent with your role
- Exploring connections between important aspects of the patient's life and health so they can see that improving one area can benefit other areas and influence their overall physical, emotional, and mental health.
- Knowing how to modify your type of intervention/treatment as needed
- Being aware of when to shift style (e.g., educate, collaborate, assess, motivate, therapy)
- Developing strategies for promoting health behaviors
- Using educational strategies or motivational interviewing techniques
- Understanding the typical ways a medical condition might impact functioning
- Evaluating and treating mind-body interactions
- Understanding the workings of a medical center, medical administration and interdisciplinary medical teams

- Identifying and understanding the unique diversity/cultural competencies specific to that consultation setting and how these might interact with disease and treatment issues

Capacity and Time:

The Behavioral Medicine rotation is ½ time (16 hours per week) for 6 months and can accommodate up to one intern at a time. Interns will have the option to choose activities from multiple clinics.

Clinics:

Health Promotion Disease Prevention (HPDP), Supervisor: Mary Harlinger, Ph.D.

Interns will work to meet National Center for Health Promotion and Disease Prevention goals: providing care and education to improve the quality of life for Veterans. Interns will gain skills in conducting brief, time-limited, individual and group interventions focused on health behavior change using evidence-based interventions, primarily Motivational Interviewing. Interns are also able to work with the LGBTQ Health Program in affirmative health promotion and whole health activities with focus on values-driven interventions.

Clinic activities:

- Tobacco Cessation Counseling (group and individual)
- MOVE! Weight Management (group)
- Finding Food Freedom (group)
- LGBTQ Health Promotion: Telepride, LGBTQ Wellness (group settings)
- Co-facilitating Motivational Interviewing trainings
- Assessment opportunity: readiness evaluations for transgender Veterans seeking hormone treatment or gender affirmation procedures

Whole Health, Supervisor: Tanecia Blue, Ph.D., ABPP

The Whole Health program is aimed at utilized a multi-systems approach to Veteran care. Whole Health is also known as “Patient Centered Care”. This means that it is personalized, proactive, and developed around each patient’s mission, aspiration, and purpose. It is an approach to healthcare that empowers and equips patients to take charge of their health and well-being and to live their life to the fullest. The focus is to transform the VA health care system from a disease-focused “find it-fix it” paradigm to a system of primary prevention. Interventions will include a health psychology-focused assessment and treatment approach and specifically may include engaging veterans in discussions about what matters most to them, biofeedback and mindfulness classes, among others. Interns will work with the Whole Health Program Manager to implement Whole Health programming and participate in program development. Interns will provide patient care to Veterans in group and individual format.

Pain Psychology, Supervisor: Shelley Silvers, Ph.D Interns will work in conjunction with the interdisciplinary TelePain Team and, potentially, the Primary Care Pain PACT. The TelePain team provides comprehensive pain care from medical and behavioral approaches to Veterans in all locations of the VAPIHCS. The team collaborates with other members of the facility Pain Management Team (PMT) in development of individualized treatment plans. Interns will learn to conduct comprehensive biopsychosocial pain evaluations, participate in interdisciplinary treatment, present treatment plans for discussion, and administer evidence-based treatment for chronic pain (CBT-CP). Interns may also have the opportunity to participate in the facility Multidisciplinary Pain meetings to discuss individual plans of care for Veterans with pain at high risk for overdose or suicide.

Clinic activities:

- Conducting biopsychosocial comprehensive pain evaluations
- Collaborating with veteran and interdisciplinary team in creating individual treatment plans
- Providing structured Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP)
- Engaging in interdisciplinary team meetings
- Engaging in multidisciplinary facility pain team meetings for Veterans at high risk for overdose or suicide

Home-Based Primary Care, Supervisor: Christine Hernandez, PsyD. Interns will work in conjunction with the multidisciplinary Home-Based Primary Care Team (HBPC). HBPC is a special population PACT team focused on providing comprehensive, interdisciplinary, primary care in the homes of Veterans with complex medical, social, and behavioral conditions for whom routine clinic-based care is not effective. Interns will gain skills in psychological assessment, working as part of a multidisciplinary team, providing time-limited individual interventions with a focus on health behavior change and caregiver support. The primary focus will be providing patient-centered care and consultation services for HBPC team.

Clinic activities:

- Conducting biopsychosocial psychology intakes
- Developing mental health/behavioral treatment plans and communicating recommendations to multidisciplinary HBPC team
- Engage in interdisciplinary team meetings (IDT) and provide education to staff
- Conduct psychological assessments for diagnostic clarification, with focus on cognitive and capacity referral questions
- Provide time-limited individual interventions focused on problem-solving and health behavior change with Veterans as well as caregiver support
- Provide end of life or palliative psychological interventions

Supervision:

Interns will be provided with one hour of individual supervision per week as well as additional supervision as needed with a staff psychologist who serves as the primary advisor and supervisor. The Primary Supervisor offers supervision for patients, professional development and mentorship, and has a birds-eye view on the interns' entire experience within Behavioral Medicine. Interns are offered the opportunity to work with the other psychologists in their particular areas of expertise. The Behavioral Medicine team utilizes a developmental model of supervision. In addition to weekly individualized supervision, a number of services on the Behavioral Medicine rotation include a live supervision component (e.g. co-leading groups and sessions with supervisors).

Critical Care Rotation- Inpatient and Day Hospital Program

This rotation combines the acute care of Day Hospital (outpatient) and psychiatric inpatient treatment. The treatment philosophy is to provide psychiatric stabilization, support, and structure during acute episodes while facilitating transition to outpatient programs. Once discharged from the inpatient ward, Veterans (who are appropriate) are referred to the virtual Day Hospital Program to assist with their transition and ongoing stabilization. The mission of the Day Hospital treatment program is to provide a high degree of mental health care to Veterans in an outpatient environment for three weeks and to facilitate their transition to routine outpatient mental health care. The Day Hospital vision is to provide a safe and therapeutic environment in which healing and recovery can occur. Day Hospital currently uses telehealth exclusively.

Staff:

Critical Care is multidisciplinary and consists of psychologists, psychiatrists, social workers, registered nurses, and an occupational therapist respectively. In addition, psychology trainees and staff collaborate regularly with nurses, MSAs, PNAs, and active duty psychiatry residents. The staff regularly collaborates and consults with other mental health programs within VA and the community, with consistent collaboration with Suicide Prevention. Dr. Nchewi Imoke is the supervising psychologists for interns and residents in this rotation.

Training:

Programming is located on the 3B2 inpatient ward in Tripler Army Medical Center. Trainees and residents will be exposed to both Veteran and Active Duty cultures with an emphasis on engaging in Cognitive Behavioral Therapy (CBT), Motivational Interviewing, and Humanistic Psychology. The program also integrates Whole Health concepts into their interventions. Training responsibilities will include attending daily staff meetings, providing clinical interventions, program development and psychological assessment. Trainees and residents will also have the opportunity to work with diverse populations with a broad range of acute diagnoses, as well as complex medical and psychosocial needs. They will be exposed

to the most severe forms of mental illness, not often seen in an outpatient care setting (i.e., Dual diagnoses, Schizophrenia, Bipolar, MDD, personality disorders, Substance abuse, PTSD) in both inpatient and outpatient settings. Trainees and residents will be expected to conduct risk assessments, develop safety plans, contribute to suicide prevention plans and discharge planning/consultations, present psycho-educational groups, and co-facilitate therapy groups and individual sessions. In addition, the training will also focus on your professional development as an evolving clinician. Opportunities to provide family consultations to supplement care and/or brief individual therapy may also be available as needed.

Supervision:

Trainees will be provided with two hours of supervision per week as well as additional supervision as needed. The supervision hours will consist of either one hour of individual supervision and one hour of live supervision or two hours of individual supervision. Opportunities for co-therapy, and live observation by Dr. Imoke are also provided.

Capacity and Time:

This rotation can accommodate 1 Intern and 1 resident at a time. This is a ½ experience (16 hours per week). This rotation is currently six months.

Homeless Patient Aligned Care Team (H-PACT) & Assessment – Hybrid Rotation

The H-PACT component of this internship rotation will provide training in the provision of mental health services for homeless or at risk veterans. The H-PACT intern will gain experience integrating psychological services into primary care while serving as an integral member of a multidisciplinary team. H-PACT staff include a PCP, RN, LPN, LCSW, and Program Support Assistant.

H-PACT embraces a community-based model of care organized around the unique challenges homeless veterans face accessing and engaging in care. In 2011, VACO funded 32 startup sites including the Oahu H-PACT as a demonstration project. The H-PACT Program has since undergone considerable growth across the nation supported by data-driven success in using this model for homeless healthcare. There are now ~75 H-PACTs imbedded in over 1/3 of all VA Primary Care clinics.

At the heart of H-PACT training, the intern will be exposed to the unique and complex realities of homelessness in some of the more rural areas on Oahu (Leeward Coast, Central Oahu, North Shore). Clinically, more severe and often co-morbid psychiatric and medical conditions are addressed. A team-based approach to outreach is always implemented. This means the intern will engage in outreach together with the H-PACT resident, psychologist, and social worker. At times, outreach is also integrated with our physician and nurse. Depending on how the pandemic and related policies and procedures evolve in the future, H-PACT outreach will be conducted face-to-face and/or virtually. When face-to-face outreach is feasible, all required safety practices must be implemented (e.g., wearing masks, washing hands, social distancing, etc.).

The Assessment component of this rotation will provide advanced clinical training in the provision of a range of psychological and/or neuropsychological testing services for veterans across a diverse spectrum of backgrounds and clinical presentations. The intern will gain experience in administration, scoring, and interpretation of various psychometric instruments including Performance and Symptom Validity Tests (stand-alone and embedded measures). Test data in combination with records review, clinical interview, and behavioral observations will be used to inform conceptualization, diagnosis, and treatment planning. Developing the intern's knowledge, skills, and abilities with respect to integrative report writing in various traditional and modern formats will be integral to the overall assessment training experience.

The focus of testing will vary depending on the intern's expressed training interests, competency needs, and the nature of referral questions fielded within the timeframe of the rotation. Amidst the current COVID-19 pandemic, the primary assessment modality will focus on tele-assessment, utilizing the VA Video Connect (VVC) virtual platform. Telephone-based testing can also be considered at times when VVC is not an option. Importantly, the initial focus on tele-assessment may be supplanted by traditional, face-to-face

assessment depending on the evolution of the current pandemic and any associated changes that may occur to existing policies, procedures, and guidelines related to tele-assessment.

Staff:

Dr. Brian Kelley is the supervising clinical psychologist/neuropsychologist for interns on this rotation.

Training:

Regarding H-PACT, the intern will be responsible for conducting comprehensive mental health evaluations (as needed and appropriate) and providing individual and/or group psychotherapy to veterans comprising a diverse range of backgrounds and presenting problems. The H-PACT rotation offers unique training opportunities in community outreach, educational activities, program evaluation and development, and research. As desired and clinically indicated, the intern may gain additional experience providing evidence-based treatments for PTSD including Prolonged Exposure (PE) Therapy and Cognitive Processing Therapy (CPT).

Regarding assessment, the intern will be responsible for conducting psychological assessments, neuropsychological screens, and/or comprehensive neuropsychological examinations. As stated above, the types of exams that are conducted will depend on identified training interests and needs of the Intern, though the nature and volume of consults will also likely play a factor.

Supervision:

H-PACT interns will be provided 2 hours of supervision per week for this ½ time rotation. Opportunities for co-therapy, live observation, and/or audio/video tape review by Dr. Kelley will be provided.

Capacity and Time:

This rotation can accommodate 1 Intern at a time. This is a ½ experience (16 hours per week). This rotation is currently six months.

Intensive Virtual Evidence-Based Psychotherapy Team

In 2022, the VA Pacific Island Health Care System launched a new Intensive Virtual Evidence-Based Psychotherapy (EBP) Team (iVET) to treat the diverse veterans of American Samoa, Guam, the Hawaiian Islands, and Saipan. The first iVET interdisciplinary team is focused on the treatment of Posttraumatic Stress Disorder (PTSD) with a massed Prolonged Exposure (PE) therapy model (patients complete a full course of PE in three weeks; e.g., Rauch, et al, 2021), Whole Health integration, and health coaching. The iVET for PTSD is 100% virtual.

Rotation Description:

The iVET for PTSD is an intensive outpatient experience that is provided virtually (i.e., all telemental health care with no in-person service provision) for veterans with PTSD as well as commonly co-occurring conditions (e.g., substance use disorders, mood disorders, medical co-morbidities, etc.). The iVET for PTSD provides massed (i.e., four sessions per week) Prolonged Exposure (PE) therapy, daily check-in wellness group therapy (i.e., four sessions per week), and integration of Whole Health coaching. The program's recovery and integrative treatment model is designed to decrease PTSD symptoms and increase wellness in three weeks.

Staff:

Drs. Allison Aosved and Jodi Bell are the supervising psychologists. Janver Fudolig is the supervising RN. Bernadette Furtado is the supervising Licensed Clinical Social Worker. Other staff with whom trainees interface include: our Program Support Assistant and the administrative supervisor of the program who is a Psychiatrist.

Training:

In iVET, trainees are an integral part of the interprofessional treatment team. Trainees are required to virtually attend regular huddles, tactical and strategic team meetings, and clinical consultation and case conceptualization meetings and are responsible for many of the same clinical tasks that their supervisors

engage in, for example: iVET pre-admission screening, comprehensive mental health evaluations and iVET intakes (Clinician Administered PTSD Scale – CAPS), treatment plans, crisis intervention, individual therapy (Prolonged Exposure), group therapy, and psychological testing as needed. Psychology and Social Work trainees gain experience providing Prolonged Exposure therapy and RN trainees gain experience in implementation of Whole Health coaching. In addition to the clinical training opportunities, the iVET for PTSD engages in ongoing evidence-based practice (EBP) and/or quality improvement (QI) projects and welcomes trainee involvement in these endeavors.

Supervision:

Trainees are provided with one hour of individual supervision per week with their primary supervisor from within their discipline (though each supervisor can only supervise one trainee at a time). Additional supervision is provided on an as needed basis. Trainees also have opportunities for co-therapy, live observation, and audio/video tape review as part of supervision (these experiences may be provided by another member of the team and/or the primary supervisor).

Time:

The iVET hours of operation are Monday through Thursday 6:30am – 5:00pm Hawaii Standard Time (note this is Monday – Thursday 5:30am – 4pm in American Samoa; and, Tuesday – Friday 2:30am – 1pm in Guam and Saipan).

For psychology trainees, it is anticipated that they would have a schedule similar to the one below (supervision times may vary, other times are well established):

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
9am-11am – PE	9am-11am – PE	9am-11am - PE	9am-11am - PE	
12pm-1pm - Group	12pm-1pm - Group	12pm-1pm - Group	12pm-1pm - Group	
1pm-2:30pm - Mtg	1pm-2:30pm - Intake	1pm-2:30pm - Consult		
2:30-3pm - Sup		2:30-3pm - Sup		
5 hours	4.5 hours	5 hours	3 hours	0 hours

Leeward CBOC Mental Health Team (Rural) Rotation

The Leeward Community Based Outreach Clinic (CBOC) is located on the Leeward Coast of Oahu, providing services to a diverse Veteran population in suburban and rural areas. The rotation involves providing psychological services (including individual and group therapy, as well as testing/assessment) to a wide-range of presenting mental health problems/diagnoses as part of a general mental health team. The mental health staff team works closely with the primary care team within the context of a community based clinic. As Leeward CBOC is operating in a hybrid status of virtual and in-person care, clinical interactions will take place via video-telehealth and in-person care.

Staff:

Joshua Medjuck, PhD., and Jessica Murakami, Ph.D. are the supervising psychologists for this rotation. Other staff include three psychiatrists, and two social workers within the Leeward CBOC Mental Health Team.

Training:

Interns will be responsible for conducting comprehensive evaluations and providing individual and group psychotherapy to Veterans with diverse backgrounds and presenting problems. Interns will have additional experiences in consulting with mental health and primary care staff, as well as opportunities for special projects in psychoeducation, community outreach, and program development

Supervision:

Interns will be provided with one hour of individual supervision per week for a ¼ time rotation; an additional hour of supervision will be provided for a ½ time rotation. There also will be opportunities for co-therapy as well as live-observation/tape review.

Capacity and Time:

This rotation can accommodate 1 Intern at a time. This is a ¼ (1 day a week) or ½ experience (2 days per week). This rotation is currently six months.

Mental Health Rehabilitation (MHR)

The mission of MHR is to promote the recovery journey of healing and transformation of individuals with severe & persistent mental health problems enabling them to live a meaningful life in the community while striving to achieve their full potential. We psychosocial rehabilitation emphasizing recovery for outpatients who require assistance with community adjustment, interpersonal relations, and vocational or educational problems. We have four programs: Transformational Empowerment Center of Honolulu (TECH) also known as the Psychosocial Rehabilitation and Recovery Center (PRRC) at VA-PIHCS, Vocational Rehabilitation Services (VRS), Occupational Therapy (OT) and Local Recovery Coordinator (LRC). Our vision is to lead the way in the provision of culturally appropriate rehabilitation & recovery-oriented services to help each individual who is interested in pursuing greater self-determination, improved quality of life and recovery with fullest possible integration as an active and productive member of one's family and community.

Staff:

Dr. Debra Yamashita is the MHR program manager and PRRC Director. MHR staff include a Clinical Psychologist, a Social Worker, Vocational Rehabilitation Specialists, Occupational Therapist and Assistant and two Peer Support specialists.

Training:

Interns in the MHR rotation will be primarily providing services in TECH, our intensive outpatient program for veterans diagnosed with SMI (i.e., schizophrenia, bipolar disorder, depression, PTSD and dual diagnosis). Interns will obtain a foundation of knowledge in the most current recovery-oriented psychosocial rehabilitation (PSR) principles by being fully immersed in working with the multidisciplinary team and providing direct clinical services. Clinical services include conducting intakes, complete recovery plans, risk assessments, developing a safety/crisis plans, provide recovery-oriented individual psychotherapy, group therapy, facilitate experiential and milieu therapies focusing on social learning, completing risk assessments and develop safety/crisis plans. Additional training opportunities can include, but are not limited to, clinical exposure in VRS, program development in PSR, exposure to outcomes measurement for performance improvement and preparation for CARF accreditation and Joint Commission.

Supervision:

Dr. Yamashita will provide individual supervision one hour weekly; with additional individual supervision as needed. Multidisciplinary supervision in the form of presenting individual assessments and treatment formulations in regular team treatment planning conferences one hour weekly. Post-group supervision is provided one hour weekly following co-therapy with supervisors.

Capacity and Time:

This rotation can accommodate one intern at a time. This is a ½ (16 hours) rotation. This rotation is currently six months.

Military Sexual Trauma (MST) Rotation

The VA is required by federal law to provide services free of charge to veterans who experienced sexual assault or harassment during their military service. MST services within VA PIHCS are coordinated by Drs. Angela Heiligenthal and Kristen Eliason, which may include direct provision of care through in-person or vtel appointments, or consultation/education to VA providers. There is no formal MST program; instead clinicians throughout the Mental Health Patient Care Line provide outpatient clinical services for veterans with MST. For veterans with PTSD or Other Trauma and Stressor Related Disorders secondary to MST,

they are treated within the Traumatic Stress Recovery Program (TSRP), where they receive individualized, comprehensive treatment within the following modalities: a) individual therapy, b) psycho-educational groups, c) psychopharmacological treatment services. Thus, the description of the TSRP clinic and rotation is the same as for MST, with the MST rotation having a particular focus on responses related to MST.

Staff:

Drs. Shiloh Jordan, Angie Heiligenthal, and Kristen Davis Eliason are the supervising psychologists for interns on this rotation. Psychologists within TSRP may also provide supervision coverage on an as-needed basis.

Training:

The MST rotation involves opportunities for direct clinical care through TSRP, consultation, and education. Interns will also learn administrative tasks, including being responsible for responding to MST consults from providers throughout VA PIHCS. They are expected to serve as primary therapist for veterans with MST from screening and/or intake through ongoing individual therapy. Interns serve as the primary therapist and case manager for veterans with PTSD and trauma-related responses secondary to MST. They will learn to perform comprehensive mental health evaluations (CMHE) as well as structured clinical interviews to assess for PTSD such as the Clinician-Administered PTSD Scale for DSM5 (CAPS-5). Assessment experiences provide rich opportunities for interns to develop skills in the differential diagnosis of PTSD, gain familiarity with frequently co-occurring conditions (e.g., depression, panic disorder, substance use disorders), and identify preexisting features such as family of origin, or sociocultural factors that may be addressed in therapy.

Following the assessment, interns maintain a caseload of veterans for ongoing individual psychotherapy and will increase their ability in conceptualizing cases on a deeper level for the purpose of treatment planning and delivery. Interns will learn to implement at least one evidence-based psychotherapy for PTSD, such as Prolonged Exposure Therapy, Cognitive Processing Therapy, Skills Training in Affect and Interpersonal Regulation/Narrative Therapy, or Cognitive-Behavioral Conjoint Therapy for PTSD. Each intern is also expected to facilitate at least one therapy group, which may include co-leading a group with a supervisor or initiating his or her own group in collaboration with other team members or fellow interns/residents. Interns also have the opportunity to participate in monthly MST and PTSD Teleconference Training Series. Program development and evaluation are strongly encouraged.

For those interns who are interested in learning more about combat-related trauma, some cases may be included in the intern experience pending availability.

Supervision:

Interns will be provided with one hour of individual supervision per week and 1 hour of group supervision per week (participation in weekly evidence-based consultation groups) as well as additional supervision as needed. Opportunities for co-therapy, live observation, and audio/video tape review by Drs. Eliason, Heiligenthal, and Jordan are also available.

Capacity and Time:

This rotation can accommodate one intern at a time. This is a ½ experience (16 hours per week). This rotation is currently six months.

Psychiatric Evaluation and Treatment (PET) Team Rotation

The PET Team is located within the Mental Health Patient Care Line. The team is responsible for the majority of triage (psychiatric emergency walk-in) duties, and liaison to psychiatric inpatient units (including Tripler Army Medical Center (TAMC), Kahi Mohala, Queen's, Castle and neighbor island hospitals). The Team also is involved with assessment, treatment, advocacy, tracking, discharge planning, and follow-up

of acute and chronic mental health patients who often "fall between the cracks" or are lost to follow-up for a myriad of reasons. PET Team also provides intensive case management of challenging patients. Furthermore, PET Team members provide short-term management of high-risk patients pending permanent provider assignment and collaborates with the Suicide Prevention team. PET Team members also provide short-term therapy for patients who do not plan to be in the Honolulu area for more than six months.

Staff:

The PET team is a multidisciplinary group that currently has one full time psychologist, one social worker (LCSW), one CNS and two LPNs. Dr. Lisa Kau is the supervising psychologist.

Training:

Interns assigned to this rotation will have the opportunity to provide direct services to patients through triage duty (crisis intervention and intake screening) which is the primary focus. The goal of this training is for interns to be able to make an efficient differential diagnosis and subsequent write-up and provide effective crisis intervention. Within this goal, interns will develop diagnosis skills to quickly assess and address psychological dysfunction and distress in Veterans. The interns also provide short-term psychotherapy, and some psychological testing.

The Intern, as part of the team, will also provide liaison and advocacy services to VA inpatients at TAMC. There also may be opportunities to participate in program and treatment planning, quality assurance issues, and program evaluation research.

Supervision:

Individual supervision will be provided at least one hour per week. Due to the nature of the crisis intervention services, supervision will also be provided on an as-needed basis, and supervision through team meetings will be routinely conducted.

Capacity and Time:

This rotation can accommodate 1 Interns at a time. This is a ½ experience (16 hours a week). This rotation is currently six months.

Primary Care/Mental Health Integrated Care Team Rotation

Staff:

The ICT team consists of four full-time psychologists, one full time APRN and an Advanced Medical Support Assistant. Drs. Yan and Giardina are the supervising psychologists for interns in this rotation.

Training:

This rotation provides the development of fundamental consultation and assessment skills necessary to provide psychological services to Primary Care. Interns will be responsible for responding to all "warm hand-offs" and follow-up care from Primary Care Providers and staff within a 30 minutes or less time frame. They will also be an active member of the Integrated Care Team, also participating in PACT Huddles. Treatment modalities include short-term individual and group psychotherapy, and psycho-educational groups including MOVE!, and Cognitive-Behavioral Therapy for Chronic Pain as well as close supervised training in Motivational Interviewing. Psychology interns will gain clinical experience in a broad range of illness severity and health issues including Mood Disorders, Anxiety Disorders, Adjustment Disorders, Substance Use Disorders, PTSD, insomnia, and chronic pain. They will gain a deeper understanding of how these disorders interact and affect various health problems, medical outcomes, and quality of life for our veterans. They will also gain experience in appropriate referral management/preparing individual for further mental health services and gain experience in the PACT model. The intern is expected to actively participate in consultation with primary care staff, including physicians, PharmDs, nurses, and social workers, in the care of veterans. The intern may also be given the opportunity to participate in mental health evaluations for veterans wanting to engage in organ transplant evaluations or brief cognitive testing.

Specific objectives of the rotation include: (1) enhancement of time-limited psychological diagnostic and intervention skills with primary care outpatients; (2) refinement of interviewing and assessment skills

relevant to a range of different types of patients and their diagnoses within a time-limited model; (3) a broadening of the scope of the intern's theoretical framework with effective and brief therapeutic interventions; (4) exposure to a variety of cases ranging from acute to chronic with a broad spectrum of diagnoses; (5) increased ability to facilitate active coping and treatment compliance; (6) comprehensive understanding of the impact of illness, disability, and treatment on the totality of a patient's life; (7) effective communication with medical personnel and patients with an increased understanding of medical terminology, diagnostic procedures, treatments, and conditions.

Supervision:

Interns will be provided with one hour of individual supervision per week as well as additional supervision as needed. Opportunities for co-therapy, live observation, and audio/video tape review by Dr. Yan and/or Dr. Giardina are also provided.

Capacity and Time:

This rotation can accommodate 1 Intern at a time. This is a ½ experience (16 hours per week). This rotation is currently six months.

PTSD Residential Recovery Program (PRRP) Rotation

The PRRP is an 8-to-9-week residential program for male veterans and active duty service members with military-related PTSD as well as commonly co-occurring conditions (e.g., substance use disorders, mood disorders, medical co-morbidities, and/or TBI). The program operates on a cohort model and is primarily group-therapy-focused. Individual therapy sessions are also provided at least two times per week, and therapeutic recreational and adjunctive activities are offered in accordance with current physical-distancing and public health guidelines (due to the COVID-19 pandemic). The program's recovery and integrative treatment model is designed to decrease PTSD symptoms and increase effective coping skills.

Staff:

Drs. Kenneth Delano and Angela Adams are the supervising psychologists for interns on the PRRP rotation. During their rotation, interns are assigned to one of the three supervisors as their primary supervisor. Other staff with whom interns interface include: Psychiatrists, Social Workers, Readjustment Counselors, Peer Support Specialists, Nurse Practitioners, Clinical Nurse Specialists, Registered Nurses, Licensed Practice Nurses, Nursing Assistants, and Rehabilitation Technicians.

Training:

In PRRP, interns are an integral part of the interprofessional treatment team. Interns are required to attend regular clinical team meetings and are responsible for the following clinical tasks: comprehensive mental health evaluations, treatment plans, crisis intervention, individual therapy, group therapy, and psychological testing as needed. Interns gain experience providing EBTs (e.g., Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Trauma-Informed Guilt Reduction, Seeking Safety, Mindfulness-Based Relapse Prevention, etc.) and other therapy modalities aimed to treat PTSD and comorbid conditions. Interns typically focus on learning and implementing either CPT or PE, but not both.

Supervision:

Interns are provided with one hour of individual supervision per week with their primary clinical supervisor. Additional supervision is provided on an as needed basis. Interns also have opportunities for co-therapy, live observation, and audio/video tape review as part of individual supervision.

Capacity and Time:

The PRRP rotation is ½ time (16 hours per week) for 6 months and can accommodate one intern at a time.

Traumatic Stress Recovery Program/PTSD Clinical Team (TSRP-PCT)

As one of the Mental Health Patient Care Line Teams, the TSRP-PCT provides outpatient clinical services to veterans with PTSD and trauma-related responses. Veterans receive individualized, comprehensive treatment within the following modalities: a) individual therapy, b) psycho-educational and trauma-focused groups, c) couples therapy, d) biofeedback, e) psychopharmacological treatment services. In recognition of Hawaii's multiethnic culture, the TSRP-PCT maintains an awareness and sensitivity to cultural differences within treatment. TSRP clinical services are currently being provided via telehealth as well as in-person.

Staff:

The staff of the TSRP-PCT is multidisciplinary and consists of five full-time psychologists, a psychiatrist, one social worker, a clinical nurse specialist, and a readjustment counselor who is also a certified substance abuse counselor. Drs. Shiloh Jordan, Renee Boeck, Trevor Coyle, Lauren Glamb, and Kristen Davis Eliason are the supervising psychologists for interns on this rotation.

Training:

Interns serve as the primary therapist and case manager for veterans with PTSD and trauma-related responses. They will learn to perform comprehensive mental health evaluations (CMHE) as well as structured clinical interviews to assess for PTSD such as the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Assessment experiences provide rich opportunities for interns to develop skills in the differential diagnosis of PTSD, gain familiarity with frequently co-occurring conditions (e.g., depression, panic disorder, substance use disorders), and identify preexisting features such as family of origin, or sociocultural factors that may be addressed in therapy.

Following the assessment, interns maintain a caseload of veterans for ongoing individual psychotherapy and will increase their ability in conceptualizing cases on a deeper level for the purpose of treatment planning and delivery. Interns will learn to implement at least one evidence-based psychotherapy for PTSD, such as Prolonged Exposure Therapy, Cognitive Processing Therapy, Skills Training in Affect and Interpersonal Regulation/Narrative Therapy, or Cognitive-Behavioral Conjoint Therapy for PTSD. Each intern is also expected to facilitate at least one therapy group, which may include co-leading a group with a supervisor or initiating his or her own group in collaboration with other team members or fellow interns/residents. Each intern is expected to complete required Telehealth trainings and may deliver services to Veterans in the rural communities of Oahu via Telehealth into the Home. On occasion, interns accompany staff to perform outreach and PTSD-related presentations to local community agencies.

For those interns who are interested in learning more about military sexual trauma (MST) and other types of interpersonal violence, some MST cases may be included in the intern experience pending availability.

Interns in the TSRP are valued by staff and viewed as contributing members of the treatment team. Through their weekly presence in treatment team meetings, or consultation with individual team members, they gain insight into team dynamics and develop confidence in their emerging role as a psychologist. Interns are strongly encouraged to pursue their clinical interests in working with their veterans and to incorporate past professional experiences in program development on the TSRP team. We hope to provide a challenging and rewarding training experience, and each intern will recognize significant personal and professional growth by the end of the year.

Supervision:

Interns will be provided with one hour of individual supervision per week and additional supervision on an as needed basis with Dr. Shiloh Jordan, Dr. Renee Boeck, Dr. Trevor Coyle, Dr. Lauren Glamb, or Dr. Kristen Eliason. Interns typically attend one hour of group supervision per week on Cognitive Processing

Therapy with Dr. Jordan or another CPT expert consultant following the completion of CPT training. Opportunities for co-therapy, live observation, and audio/video tape will also be provided.

Capacity and Time:

This rotation can accommodate up to three interns at a time. This is a ½-time experience (16 hours per week). This rotation lasts either 6 or 12 months.

Rural Telemental Health Rotation

Staff: Jueta McCutchan, PhD (psychologist for the American Samoa CBOC) and Michael Mahoney (psychologist for the Maui CBOC) are the supervising psychologists for interns on this rotation.

Training:

Interns in this rotation will have the opportunity to gain experience providing therapy and assessment services to rural locations within the Pacific Basin using video-teleconferencing modality (VTC). Interns will be responsible for providing telemental health services to rural health Community Based Outpatient Clinics (CBOC) and remote clinics that may include: Hilo CBOC, Maui CBOC, American Samoa CBOC, Guam CBOC, Kauai CBOC, and Saipan clinic located within the Pacific Islands Health Care System. Interns may provide psycho-diagnostic testing, individual, group, or couples therapy as part of this rotation. Outreach opportunities, either via webinars or in-person, are also available on topics that align with trainee interests and needs for the rural communities. Travel to CBOCs may be included for this rotation if training travels funds are available and there are not travel restrictions.

Supervision:

Interns will be provided with one hour of individual supervision per week with Dr. McCutchan and Dr. Mahoney, which will be conducted via video-teleconferencing.

Capacity and Time:

This rotation can accommodate 1-2 interns at a time. This is a ½ (16 hours a week) or ¼ time (8 hours a week) time rotation experience. This rotation is currently six months.

Substance Abuse Treatment Program (SATP)

The Substance Abuse Treatment Program (SATP) provides specialty care for Veterans with substance use disorders (SUDs) across the Hawaiian Islands and rural locations within the Pacific Basin. The SATP clinic follows a risk reduction model of care and emphasizes shared decision making between Veterans and their SATP clinic providers when setting treatment goals and plans. We offer a range of services to Veterans, including assessment and triage of SUD difficulties, motivational interviewing sessions for those who are ambivalent about making changes to their use, a contingency management program for those struggling with stimulant use, psychopharmacological treatment services to support recovery (e.g., suboxone, naltrexone), dual diagnosis assessment and treatment (including PTSD/SUD, as appropriate), and individual and group psychotherapy. These services are primarily offered with the context of two treatment programs: the Intensive Outpatient Program (IOP) and Less Intensive Outpatient program (LIOP). SATP also collaborates with a contracted off-site residential treatment facility for Veterans in need of a higher level of care.

Staff:

Natalie Crommett, PsyD is the supervising psychologist for this rotation. Additional SATP clinicians include Dr. Sara Wong (psychologist), social workers, advanced practice registered nurses (APRNs), and psychiatrists. The SATP team strives to utilize the strengths of all team members to optimize patient care, and therefore this rotation has a strong emphasis on interdisciplinary collaboration. Interns on this rotation will be encouraged to participate on the SATP team by regularly collaborating during team meetings, consulting with clinicians from other disciplines, and appropriately contributing their points of view.

Training:

The SATP rotation involves opportunities for direct clinical care, consultation, education, and possibly program development. Interns will be responsible for completing all clinical documentation, participating in SATP team meetings, conducting SATP triage assessments for new patients entering the clinic, carrying a caseload of individual SATP patients, and engaging in SATP group programming. In terms of treatment approaches, SATP providers draw from a variety of evidence based treatments for SUD, including Motivational Interviewing (MI), Cognitive Behavioral Therapy for Substance Abuse Disorders (CBT-SUD), Mindfulness Based Relapse Prevention (MBRP), Seeking Safety, Dialectical Behavior Therapy (DBT), and other relevant concurrent treatments such as the Concurrent Treatment of PTSD and Substance Use Disorder Using Prolonged Exposure (COPE). As an aspect of this rotation, interns will learn to implement at least one evidence-based psychotherapy for SUD. Each intern is also expected to facilitate at least one psychotherapy group (IOP or LIOP), which may include co-leading a group with a supervisor or initiating their own group in collaboration with other team members or fellow interns/residents. Given the complexity of this patient population and co-morbid psychosocial issues that can accompany substance abuse, there is also likely to be some case management as an aspect of this rotation. Lastly, there may be opportunities to conduct psychodiagnostic or neuropsychological testing within the SATP clinic, particularly for Veterans who have worked to maintain recovery goals and are experiencing residual challenges with unidentified mental health conditions, personality features, or cognitive decline related to their substance use.

Supervision:

Interns will be provided with one hour of individual supervision per week. Given the emphasis on group programming within the SATP clinic, there will also be opportunities to co-facilitate psychotherapy groups with Dr. Crommett and other staff as an additional form of supervision. Opportunities for co-therapy on individual patients and audio/video tape will also be provided.

Capacity and Time:

This rotation can accommodate 1 Intern at a time. This is a ½ experience (16 hours per week). This rotation is currently six months.

Veterans Integration to Academic Leadership (VITAL)

The Veterans Integration to Academic Leadership (VITAL) program provides outpatient treatment to improve the overall mental health of student veterans while supporting their successful integration into colleges and university campuses. Currently, the VITAL program is committed to serving student veterans at University of Hawaii at Manoa, Leeward Community College, Kapiolani Community College, Honolulu Community College, and Hawaii Pacific University. Each campus and each student veteran is unique and requires a flexible provider to enhance academic retention and meet various health care needs. VITAL program strives to offer a) seamless access to VA healthcare services and efficient care coordination, b) improved understanding of student veterans' unique strengths and challenges through education and training on campuses, and c) effective collaboration with community partners to enhance student veterans' academic success.

Staff:

Dr. Eunice Yap is the supervising clinical psychologist for interns on this rotation.

Training:

Interns will be responsible for the following clinical tasks offered via telehealth: comprehensive mental health evaluations (CMHE), treatment plans, case management, individual/couples/group therapy, and psychological testing as needed. Interns will gain experience providing EBPs (i.e., Cognitive Processing Therapy, Prolonged Exposure, Cognitive Behavioral Conjoint Therapy, etc.), Supported Education (SEd) services (i.e., academic coaching), and cognitive rehabilitation services (i.e., ADHD group). Interns will be offering these services primarily to University of Hawaii at Manoa and Leeward Community College student veterans. Outreach opportunities, either via webinars or in-person, are also available on topics that align with trainee interests and needs for the campus communities. There will be opportunities for special projects in psychoeducation, community outreach, and program development. Interns will be offering these services to all five VITAL campuses, and travel to different schools will be included for this rotation.

Interns will gain additional experiences in consulting with campus faculty/staff, Veterans Benefits Administration, and community resources to better address the unique factors facing our student veterans. Interns will also be required to attend national VITAL meetings and optional trainings.

Supervision:

Interns will be provided with one hour of individual supervision per week for a ¼ time rotation. There also will be opportunities for co-therapy as well as live-observation/tape review.

Capacity and Time:

This rotation can accommodate 1 intern at a time. This is a ¼ (1 day a week) experience. This rotation is currently six months.

Training Staff

Angela L. Adams, PsyD (she/her) is the Program Manager for the PTSD Residential Recovery Program (PRRP) and a member of the VAPIHCS's Comprehensive Dialectical Behavior Therapy (DBT) team. Dr. Adams received her doctoral degree in Clinical Psychology from Pacific University in Forest Grove, OR and completed her psychology internship at Naval Medical Center San Diego. Prior to her work at VAPIHCS, Dr. Adams served as an active-duty Navy psychologist, providing supervision and leadership to mental health staff and a wide range of psychological services to diverse military populations. Following her active-duty service, she worked as a civilian psychologist for the Department of Defense. She served as Chief of Clinical Services and Family Advocacy Representative at Navy Fleet and Family Support Center in Bangor, WA; Internal Behavioral Health Consultant at Tripler Army Medical Center's Family Medicine Clinic in HI; and a Staff Psychologist at the Embedded Behavioral Health Clinic at Schofield Barracks, HI. Her professional interests include military psychology, treatment of PTSD and comorbid conditions, evidence-based treatments (CPT, PE, DBT, CBT, CBT-I, etc.), residential treatment, clinical supervision, and psychological consultation. She is a VA certified Prolonged Exposure provider and is also trained in Accelerated Resolution Therapy (ART). **Her diversity interests include military vs. civilian culture and associated identity issues, addressing the needs of underserved populations, and cultural adaptations of empirically based treatments.** She enjoys traveling, running, cooking, gardening, spending quality time with her friends and family, and relaxing at the beach or by the pool.

Allison C. Aosved, PhD, ABPP (she/her) is the Program Manager for the Intensive Virtual EBP Team (iVET) at VA Pacific Islands Health Care System. She is board certified in Behavioral and Cognitive Psychology. She earned her degree in Clinical Psychology from Oklahoma State University. She completed a doctoral internship at the Seattle Division of VA Puget Sound and postdoctoral residency at the National Center for PTSD, Pacific Islands Division. She is licensed in Hawaii since 2007. Dr. Aosved currently serves as both a trainer and consultant for the National VA Prolonged Exposure (PE) dissemination initiative. She has previously served as a Staff Psychologists and Director of Training at two VA Health Care Systems (and was recognized by APA Division 18 VA Section in 2017 with their outstanding Training Director Award). Dr. Aosved served as the secretary for the national VA Psychology Training Council (2012-2016) and is currently serving as an Association of Psychology Postdoctoral and Internship Centers (APPIC) board member (2015-2021). **Her diversity interests include addressing the needs of underserved populations (including women and LGBT identified veterans), social justice, and ensuring evidence-based interventions are culturally accessible to veterans.** Her professional and scholarly interests also include Behavioral and Cognitive Psychology, clinical supervision and training, dissemination of evidence-based interventions, program evaluation and quality assurance specific to implementation of evidence-based treatments, sexual violence prevention, and best practices in doctoral and postdoctoral psychology training.

Henry Beck, Psy.D., is the Workplace Violence Prevention Program (WVPP) Manager. He formerly worked in the field of clinical and forensic psychology at Patton State Hospital, CA, and was also the Director of a private forensic psychology clinic before moving to Hawaii in 2009 where he transitioned to working with active duty Army service members at Schofield Barracks. Dr. Beck has completed seven academic years of postdoctoral psychotherapy training with Gestalt Associates Training Los Angeles. Dr. Beck maintains a small private practice in Honolulu. **His professional interests include Gestalt therapy, psychotherapy**

phenomenology, and criminal risk assessment. Hobbies include running, stand up paddle boarding, and motorcycle riding.

Jodi C. Bell, Psy.D. (she/her) is a licensed staff psychologist in the Intensive Virtual EBP Team (iVET). She completed her doctorate in Clinical Psychology at Loma Linda University in Southern California. Dr. Bell completed both her doctoral internship and her postdoctoral residency with an emphasis in PTSD at the VA Pacific Islands Health Care System. She is a VA certified Cognitive Processing Therapy provider, has a certification in Primary Care Mental Health Integration services, and has specialized training working with underserved/rural and SMI populations. **Her professional interests include the adaptation and implementation of evidence-based treatment to diverse patient populations, complex trauma, improving access to care, patient advocacy, and working within a patient centered, recovery-based model. As a clinician her approach combines cognitive behavioral and psychodynamic approaches.** She enjoys being a badass, traveling, hiking, watching true crime documentaries, all ocean activities, and spending times with her friends, family, and dogs.

Tanecia Blue, PhD, ABPP (she/her) is the Program Manager for the Whole Health Program at VA Pacific Islands Health Care System. She is board certified in Clinical Health Psychology. She earned her degree in Counseling Psychology from Texas Tech University. She completed a doctoral internship at the Southwestern Consortium Predoctoral Psychology Internship (SCPPI) and postdoctoral residency at the Memphis VA Medical Center. She is licensed in Iowa since 2011 and Hawaii since 2015. Dr. Blue is currently the Diversity and Inclusion Officer for Society for Health Psychology, Division 38 of American Psychological Association. She has previously served as a Staff Psychologist, Assistant Director of Training at a previous VA, and Director of Training at Tripler Army Medical Center. Dr. Blue's **diversity interests include addressing the healthcare needs of underserved populations through improving policies.** Professional and scholarly interests include health and wellness, clinical supervision and training, program evaluation and quality assurance specific to implementation of evidence-based treatments, and best practices in postdoctoral psychology training.

Renee M. Boeck, Ph.D. (she/her) is the Team Leader and PTSD/SUD psychologist in the Traumatic Stress Recovery Program (TSRP). She earned her Ph.D. in Clinical Psychology at the University of Missouri-St. Louis. Dr. Boeck completed her doctoral internship at the Southeast Louisiana Veterans Health Care System in New Orleans and her postdoctoral residency with an emphasis in PTSD at VAPIHCS. She is trained and certified in Cognitive Processing Therapy and Prolonged Exposure and has completed training in Motivational Interviewing and DBT. She is currently completing training and certification for Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD). Prior to her training in Clinical Psychology, Dr. Boeck taught middle school in Baltimore, earned a Master's degree in International Disaster Psychology at the University of Denver, and worked in the non-profit field. Her professional interests include trauma recovery and PTSD related to both combat and sexual trauma, integrated care, providing psychotherapy to ethnically diverse populations, and program development. **Her professional diversity interests include the adaptation and implementation of EBTs in diverse groups, issues of clinician bias in assessment and treatment, and the mental health impacts of racism and sexism.** In her free time, she enjoys going to the beach, traveling, hiking, singing, watching movies, and spending time with friends.

Desiree C. Cabinte, Ph.D. (she/her) is a psychologist in Women's Health Primary Care Mental Health Integration. She completed her doctoral training at University of Wisconsin, Madison in Counseling Psychology. Born and raised on Oahu, she happily returned to Hawaii to complete her training. After completing her pre-doctoral internship at VA Pacific Islands Healthcare System, she continued with VA PIHCS and completed a postdoctoral fellowship with an emphasis in Military Sexual Trauma. Her professional interests include general mental health, providing individual and group psychotherapy, working with survivors of combat and sexual trauma and underrepresented and unserved groups. **Her diversity interests include racial and ethnic identity development, multiracial/mixed heritage individuals' experiences, cultural adaptations of empirically based treatments and racial and cultural variables in treatment.** She enjoys traveling, cooking and baking, reading, spending time with her family and miniature dachshund, Tootsie.

Judy Carlson, EdD, APRN, FNP (she/her) is a Nurse Scientist and Advanced Practice Nurse at VA Pacific Islands Health Care System. Previously, she was a Sr. Nurse Scientist at Tripler Army Medical Center for 10 years and prior to that the CEO of her private practice in North Carolina as well as tenured faculty/researcher at several universities on the East Coast. For several years she taught EBP workshops on a state level and has served as a mentor to multiple VA and TAMC based clinical EBP and DNP EBP projects. At the VA, she founded the EBP Council and has been a leader in creating an EBP culture throughout the Pacific Islands. As a scientist and practitioner, her clinical, research and grant interests involve the investigation of the impact of neurofeedback on several health issues, to include mTBI, PTSD, and sleep disorders. Her previous research and grant interests included the use simulation in training, capturing nursing outcomes of care, professional terminologies development, empowerment of nurses, and care of battered women. Dr. Carlson, received an EdD, a research doctorate, at Rutgers University in Program Development and Outcomes Research, her Masters of Nursing Science at Hunter University in Bio-Behavioral Nursing, and a Bachelor's of Nursing Science at Long Island University. She received a post-doctoral certificate in Family Nurse Practice from University of Virginia. She is Board Certified in Neurotherapy. She enjoys traveling, ballroom dancing, tennis, and spending time with family and friends.

Trevor Coyle, Ph.D. (he/him) is a staff psychologist working in the Traumatic Stress Recovery Program (TSRP) and the Dialectical Behavior Therapy (DBT) program at the VA Pacific Islands Health Care System (VAPIHCS). He completed his Ph.D. in Clinical Psychology at the University of Washington, with a doctoral internship at VAPIHCS and an SMI-focused postdoctoral fellowship at VA Puget Sound's Seattle division. His professional and scholarly areas of interest include treatment for suicidal behavior, trauma-focused recovery, dissemination and implementation of evidence-based treatments (including DBT, PE, and CPT), and education/training. Additionally, he serves as a trainer in the DBT Prolonged Exposure (DBT PE) protocol. **His professional diversity interests include culturally sensitive implementation of evidence-based treatments, improving access to effective services for underserved populations (including gender and sexual minorities, women Veterans, and Veterans with SMI), and social justice.** In his free time, Dr. Coyle can be found haphazardly swimming in shallow beach waters, playing dance-themed video games to approximate exercise, and watching reruns of the Golden Girls with his partner and ill-behaved cat.

Natalie A. Crommett, Psy.D. (she/her) is the Team Lead and clinical psychologist in the SATP clinic (Substance Abuse Treatment Program). She received her doctorate from the Fuller Theological Seminary, Graduate School of Psychology, and she completed both her predoctoral internship and postdoctoral residency with an emphasis in PTSD at VA Pacific Islands. Prior to coming to Hawaii, Dr. Crommett completed her training in integrated medical settings throughout the greater Los Angeles area, working primarily with underserved patient populations (e.g., HIV/AIDS patients, domestic violence survivors) with high levels of trauma, exposure to community violence, and substance use difficulties. She enjoys working with Veterans with complex clinical presentations and using psychological interventions to empower others to recover and grow from adversity. Her **professional interests include the idiographic application of evidence-based treatment to diverse patient populations, cultural/diversity issues in psychotherapy, and program development and evaluation. As a clinician, she is highly passionate about the treatment of substance abuse/addiction difficulties and providing concurrent treatment for co-occurring disorders, particularly PTSD.** In her free time, she enjoys hiking, drawing/painting, traveling, going to the beach, learning to surf, and admiring dogs of all shapes and sizes.

Ken Delano, PhD, (he/him) is a clinical psychologist in the PTSD Residential Recovery Program (PRRP). He completed his Ph.D., in Clinical Psychology at the California School of Professional Psychology, San Diego, CA (now known as Alliant University). He served as an active-duty Army psychologist for 7 years, working as Chief of Psychology at the MEDDAC in Nuremberg, Germany, and as Assistant Director of Clinical Training at Walter Reed Army Medical Center. He worked as a DOD civilian psychologist at FT Carson, CO. While there, he worked as Chief of Psychology, and he played a role in the development of major new treatment programs and initiatives that are now recognized as best practice in the U.S. Army (EBH, IOP, CAFAC/CAFBHS, CSSRS). He moved to Hawaii in 2014 to develop, and serve as Clinical Director for, an inpatient trauma recovery treatment program at Kahi Mohala. His professional interests include military psychology, trauma recovery, building resiliency, DBT skills groups, behavioral health program development and leadership, and clinical supervision and training. **His professional diversity**

interests include military culture, gender identity and sexual orientation, and social justice. He enjoys playing tennis and golf, walking his dog, and enjoying time with his family.

Kaleigh DeSimone, Psy.D. (she/her) is a clinical psychologist within Primary Care Mental Health Integration at VA PIHCS. She also serves on the Ethics Committee. She earned her undergraduate degree from Boston College and her doctoral degree from William James College in Massachusetts. She completed an APA-accredited psychology internship at the Coatesville VAMC and a postdoctoral residency in LGBT Health Care at VA PIHCS. Following residency, she worked with Active Duty soldiers as a Military Internship Behavioral Health Psychologist with the Center for Deployment Psychology at Tripler Army Medical Center, serving as faculty, instructor, and assistant director of psychology training. She also provided evidence-based psychotherapy and assessment to Active Duty soldiers across levels of care at TAMC. Her professional interests include transnational feminist theory and supervision, the advancement of intersectional gender and sexual minority health care, PTSD treatment, psychological assessment, and suicide prevention. Her personal interests include spending time outdoors with family and friends, playing with her French Bulldog, engaging in community activism, trying new local restaurants, traveling, and yoga.

Kristen Davis Eliason, Ph.D., (she/her) is a staff psychologist in the Traumatic Stress Recovery Program (TSRP), Assistant Training Director-Internship at VAPIHCS, and Associate Military Sexual Trauma Coordinator. She completed her Ph.D. in Clinical Psychology at Biola University and her internship and post-doctoral residency at VA Pacific Islands Health Care System (post-doctoral specialization in Women's Health and Military Sexual Trauma). Dr. Eliason is a VA certified Cognitive Processing Therapy, Prolonged Exposure, and Motivational Interviewing provider and often functions integratively in her clinical work pulling from both her attachment-based psychodynamic training as well as briefer modalities (Emotion Focused, Brief Psychodynamic, Cognitive Behavioral). Her professional interests include trauma recovery and PTSD related to both combat and sexual trauma, women's mental health, and education and training. **Her professional diversity interests include spirituality within trauma recovery as well as the intersection between spirituality and women's issues including variables such as ambivalent sexism, gender harassment, and sanctified sexism.** In her free time, Dr. Eliason can be found surfing, hiking, running, and fixing up her fixer-upper with her husband and son.

Freda Feng, Ph.D. (she/her) is a staff psychologist in the Behavioral Health Interdisciplinary Program (BHIP). She completed her doctoral training in Clinical Psychology at Palo Alto University in Palo Alto, CA with an emphasis on Diversity and Community Mental Health. She completed her pre-doctoral internship at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda, CA and completed a postdoctoral fellowship at the San Francisco VA Medical Center with an emphasis in Geropsychology. Prior to joining VA-PIHCS, Dr. Feng worked in the community mental health setting as a therapist, clinical supervisor, and program manager at Asian Americans for Community Involvement (AACI) in San Jose, CA in the Adult & Older Adult and Integrated Behavioral Health clinics. **Dr. Feng's clinical background includes Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, and Mindfulness-oriented interventions along with emphasizing a strength-based, bio-psycho-social perspective towards clinical care and supervision.** Her professional interests include integrated mental health care, reducing stigma of mental treatment among diverse populations and aging-related issues. Dr. Feng enjoys spending time with her friends and family exploring Oahu's culinary scene, baking, and taking her dog to the beach.

Timothy Freson, Ph.D., (he/him) is a staff psychologist in the Traumatic Stress Recovery Program (TSRP) at the VAPIHCS. He received his doctorate from Washington State University and completed his psychology internship at the VA PIHCS. His professional interests include working with survivors of combat trauma, serious mental illness, integrated care, and general mental health. **His interests include examining the impact of gender role conformity mental and physical health for men.** Prior to his work at the VAPIHCS, Dr. Freson served as a health educator and mental health provider in Health & Wellness Services at Washington State University (WSU) for 18 years. As a mental health provider at WSU, Dr. Freson worked with college students to address a spectrum of issues. He frequently worked with veterans who had returned to school, assisting with increased access to care and integrated treatment of mental health issues. In his clinical work, Dr. Freson utilizes a dynamic approach for case conceptualization and treatment. He also integrates evidence based treatments into his dynamic approach including Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), and the Wellness Recovery

Action Plan (WRAP). His personal interests outside of work include stand up paddling, snorkeling, hiking, visiting with friends/family, and eating good food.

Daryl Fujii, Ph.D., ABPP-CN (he/him) is a staff Neuropsychologist at the VA Community Living Center. He received his Ph.D. from the University of Wyoming in 1991, interned at the Sepulveda VAMC, and completed a postdoctoral fellowship at the Rehabilitation Hospital of the Pacific. Daryl earned his diplomate in clinical neuropsychology from the American Board of Professional Psychology in 1999 and was elected to fellow status of the American Psychological Association in 2006. His research interests include cross-cultural neuropsychology, schizophrenia, geriatrics, secondary psychosis, and psychosis secondary to traumatic brain injury. Publications include two edited books: *The Spectrum of Psychotic Disorders: Neurobiology, Etiology, and Pathogenesis* (2007) and *The Neuropsychology of Asian-Americans* (2010). Daryl is currently a member of the National VA Psychology Training Council, Multicultural Subcommittee and the Chair of the VAPIHCS Institutional Review Board (IRB). **His professional diversity interests include working with ethnic minority populations, especially Asian-Americans and Pacific Islanders.**

Anthony Giardina, Psy.D. (he/him) is a psychologist within the Primary Care Mental Health Integration (PCMHI) team and VA Motivational Interviewing Trainer and Consultant. He completed his Psy.D. in Clinical Psychology at Baylor University in Texas. Dr. Giardina completed both his generalist doctoral internship and postdoctoral residency in Health and Addictions at the Portland VA in Oregon. Prior to transferring to VAPIHCS, he was a Staff Psychologist at Portland VA working in SATP and the general mental health clinic. His professional areas of interest are motivational interviewing practice and training, ACT and mindfulness interventions, and supervision. He is a VA trainer and consultant for motivational interviewing. **His professional diversity interests include adapting collaborative/humanistic therapies to traditionally hierarchically oriented patients.** In his free time, he enjoys surfing, yoga, meditation, fishing, live music and spending time with family and friends.

Lauren J. Glamb, Psy.D. (she/her) is a psychologist in the TSRP (Traumatic Stress Recovery Program). She completed her Psy.D. in Clinical Psychology at Pepperdine University. Dr. Glamb completed her doctoral internship at the Jerry L. Pettis Memorial VA Medical Center in Loma Linda and her postdoctoral residency with an emphasis in PTSD at Long Beach VA. Prior to transferring to VAPIHCS, she was a Staff Psychologist at Long Beach VA working in PTSD and Telemental Health. In addition, during her time on staff at VAPIHCS, she spent two years working on the National Center for PTSD VA Palo Alto Health Care System's Mobile Mental Health Apps Team. Her professional areas of interest are evidence-based treatments, telehealth, integrating technology into treatment, program development, and diversity issues. Dr. Glamb has completed VA Provider training and provides supervision in Motivation Enhancement Therapy for Substance Use Disorders, Cognitive Processing Therapy, Prolonged Exposure, and Cognitive Behavioral Therapy for Insomnia. **Her professional diversity interests include adapting EBTs to be culturally congruent and improving access for rural Veterans through telehealth.** In her free time, she enjoys eating, gardening, going to the beach, hiking, and spending time with family and friends.

Mary Harlinger, Ph.D. (she/her) is a Licensed Clinical Psychologist and serves as the Health Behavior Coordinator, Tobacco Cessation Lead, and LGBTQ+ Veteran Care Coordinator. She received her doctorate in Counseling Psychology from Tennessee State University, with special emphasis on health psychology and military psychology. Dr. Harlinger has primarily worked in integrated care settings including co-located primary care, home-based primary care, chronic pain, internal medicine, specialty medicine, and medical weight loss. She is trained/certified in VA treatments: Motivational Interviewing for Mental Health and for Facilitation in Primary Care, Coaching Clinicians in Motivational Interviewing, Moving Forward in Primary Care, Cognitive-Behavioral Therapy for Insomnia, and Cognitive-Behavioral Therapy for Chronic Pain. **Dr. Harlinger professional interests focus on organizational change and what influences change, particularly cultural, systemic, institutional, and personal factors.**

Angela Heiligenthal, Ph.D. (she/her) is a psychologist with the TSRP (Traumatic Stress Recovery Program) as well as one of the facility's Military Sexual Trauma (MST) coordinators. She has provider status in Motivational Interviewing, Cognitive Processing Therapy, Prolonged Exposure, and Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative therapy. She is also a VA-certified mentor. She

completed her Ph.D. in clinical psychology at Southern Illinois University with a pre-doctoral internship at the Federal Bureau of Prisons in Tallahassee, Florida. Her post-doctoral training took place as a trauma psychologist for the Federal Bureau of Prison in Alderson, West Virginia and as a forensic evaluator for the state of New Mexico at the New Mexico Behavioral Health Institute in Las Vegas, New Mexico. She has worked at several VA facilities primarily working with PTSD but also in PCMHI, GMH, C&P and MHICM and has served in administrative supervisory capacities. She acted as MST Coordinator in two prior VA facilities as well as VISN POC in the past. **Her professional interests include the role of empowerment, culture, and relationships in building/fostering resiliency in trauma recovery.** She integrates feminist, multicultural, interpersonal, and cognitive-behavioral approaches in her treatment. She enjoys watching Turner Classic movies, time at the beach, and spending time with human and fur family.

Christine R. Hernandez, Psy.D. (she/her) is a Clinical Psychologist with the Home-Based Primary Care team (HBPC). Dr. Hernandez received her Psy.D., in Clinical Psychology from The Chicago School of Professional Psychology in Southern California. She completed her predoctoral internship at Loma Linda University, School of Medicine with a focus on Primary Care Mental Health Integration and Geropsychology. She went on to complete her postdoctoral residency in Primary Care Mental Health Integration with VA Pacific Islands Healthcare System. **Her professional and diversity interests include: health psychology, integrated healthcare, geropsychology, integration of religion/spirituality into psychotherapy, aging/life transitions, psychological assessment, mindfulness, and behaviorally-based interventions.** Dr. Hernandez also enjoys spending time with her family, taking care of her dog, surfing, yoga, and diving.

Dr. Nchewi Imoke, Psy.D. (he/his) is currently the Staff Psychologist for the inpatient unit located in the Tripler Army Medical Center where he engages in individual therapy, group therapy, and multidisciplinary consultation. He is from Howard County, Maryland and attended Pennsylvania State University for his undergraduate education where he majored in both Psychology and Sociology. He then attended The Chicago School of Professional Psychology (D.C. Campus) for his Doctoral Degree in Clinical Psychology. Dr. Imoke joined the United States Navy during his graduate school program and completed his internship at Walter Reed National Military Medical Center in Bethesda, Maryland. After completing his internship and doctoral degree, Dr. Imoke was stationed at Joint Base Pearl Harbor-Hickam from 2019-2022 where he obtained his license in Clinical Psychology and assumed responsibilities of Brig Psychologist and Substance Abuse Rehabilitation Program Division Officer. **His professional interests include Cognitive Behavioral Therapy, Cognitive Processing Therapy, and Humanistic Psychology.** He enjoys spending time with his wife and son, traveling, watching football, listening to hard rock and hip-hop music, and going to the movies.

Shiloh E. Jordan, Ph.D., ABPP (she/her) is the Director of Training for the VAPIHCS Psychology Internship and Residency programs, as well as a psychologist for the TSRP (Traumatic Stress Recovery Program). She is Board Certified in Counseling Psychology and serves as a VA CPT National and Regional (VISN 21) Trainer. She has served on VA Psychology Training Council (VAPTC) Executive Committee as a Member-at-Large and is the current VAPTC Chair. She completed her Ph.D. in Counseling Psychology at the University of Missouri-Columbia, with a doctoral internship at the Southern Arizona VA Health Care System in Tucson, AZ. Dr. Jordan also completed a postdoctoral residency with an emphasis in PTSD at the National Center for PTSD Postdoctoral in Honolulu, HI. **Her professional and diversity areas of interest are trauma recovery and PTSD related to both combat and sexual trauma, implementation of evidence-based treatments in service of diverse populations, improving access and services for underserved populations via care and education/training, and advancement in supervision practices inclusive of telesupervision.** She enjoys hiking, spending time with family, and running.

Lisa Kau, Psy.D. (she/her) was born and raised in HI and is a clinical psychologist on the Psychiatric Evaluation and Treatment Team (PET Team) at VA PIHCS. She also serves LGBTQ+ employees as the LGBTQ+ Special Emphasis Program Manager for the facility and is on the Diversity and Inclusion Committee. She earned her doctoral degree from Fuller Graduate School of Psychology. She completed internship at Pacific Clinics in CA and postdoctoral residency in LGBTQ+ Health at VA PIHCS. She is trained in Cognitive Processing Therapy, Trans-Affirmative Narrative Exposure Therapy, CBT for

Depression, CBT for Chronic Pain, and Interpersonal Therapy. Her professional interests center around diversity issues and advocating for disadvantaged groups. She enjoys spending time with friends/family, dancing hula, surfing, hiking, and eating.

Brian W. Kelley, Psy.D. (he/him) is a Neuropsychologist and Team Leader of the Homeless Patient Aligned Care Team (H-PACT) at the Leeward CBOC and is the Psychological Assessment and Assessment Training Coordinator for VAPIHCS. He completed his doctoral degree in clinical psychology from the American School of Professional Psychology in Orange County, CA, with a predoctoral internship at VAPIHCS. Dr. Kelley also completed a two-year postdoctoral fellowship in clinical neuropsychology at Barrow Neurological Institute in Phoenix, AZ. He is involved in state and national professional organizations including the Association of VA Psychologist Leaders (AVAPL), and he served as a member of the National Academy of Neuropsychology - Professional Affairs and Information Committee (PAIC) from 2014-2020. His professional areas of interest are clinical supervision and training, neuropsychology, community outreach, and program development. **His professional diversity interests include understanding and addressing mental health stigma as it manifests across particular populations and cultures, and improving care access for houseless and other underserved/rural veterans.** He enjoys spending time with family and friends, surfing, fishing, playing ukulele, cooking, and traveling.

Donald Kopf, Ph.D., (he/him) is the Program Manager for Outpatient Mental Health services. He previously worked as a compensation and pension examiner performing mental health evaluations for the VA since 2009 starting as a contractor and becoming a fulltime employee in 2013. Prior to this, he worked in private practice since 2000 with individuals and couples. He completed a Ph.D. from Texas Tech University in Counseling Psychology and performed an internship at the APA-accredited University of Hawaii Student Development Center. Following internship, he worked at Chaminade University for 10 years as counseling center director overseeing all aspects of the department and providing a full range of direct clinical services for students and consultations for staff. For the past 20 years, he has been a member of the American Psychological Association and Hawaii Psychological Association serving in various roles. For several years, he worked as state and federal legislative advocate providing testimony for bills at both the state and federal levels. In 2006, he was recognized with an award from HPA for Distinguished Service. Dr. Kopf enjoys the outdoors and completed a dissertation involving group development on outdoor challenge courses and has worked as a consultant for a local teen television program focused on promotion and development of mind, body and spirit.

Maggi Mackintosh, Ph.D., (she/her) is a Clinical Psychologist with the National Center for PTSD – Dissemination and Training Division at VA Palo Alto and works remotely as a research mentor with psychology trainees at VA Pacific Islands Healthcare System (VAPIHCS). She worked at VAPIHCS from 2009 to 2016. Maggi received her doctorate in Clinical Psychology with an emphasis in Late Life Development from University of Southern California in 2009. She completed her clinical internship at the Portland Oregon VA Medical Center and her post-doctoral work with Dr. Leslie Morland at the National Center for PTSD – Pacific Islands Division. Prior to her training in Clinical Psychology, she earned a Master's Degree in Experimental Psychology and worked at NASA Ames Research Center in the San Francisco Bay Area, studying the impacts of new computer technologies in the aviation system. Her current research interests focus on identifying moderators and mediators of therapeutic effects for trauma-related conditions and associated symptoms (e.g., PTSD, dysregulated anger, interpersonal violence, and depression) to support better tailored interventions. A second area of focus for her research is on the use of digital technologies to extend or enhance mental health treatments. Finally, Maggi studies late life effects of earlier life military service on physical and mental health outcomes. In working with trainees, Maggi can facilitate access to various data sets including those from RCTs of evidence-based treatments for PTSD, longitudinal surveys of veterans, and large descriptive datasets of Pacific Island veterans seeking mental health services. These resources provide opportunities for secondary data analyses of a wide range of topics related to veterans' health and functioning. She can also provide mentorship in research design and statistical analyses including multiple regression, ANOVA models, structural equation modeling, longitudinal analyses and multiple level modeling.

Michael A. Mahoney, Ph.D. (he/him) is the Team Leader and Staff Psychologist at the Maui CBOC. He completed his Ph.D. in counseling psychology at the University of Northern Colorado. He completed his pre-doctoral internship at VA PIHCS, with an emphasis on treatment of PTSD, and returned to VA PIHCS for a post-doctoral residency in the PTSD track. He has provider status in CPT and also completed EMDR training. **His professional interests are trauma recovery and PTSD, adjustment after military service, cross-cultural counseling, personality assessment, psychotherapy, and organizational development.** He enjoys travel, snorkeling, skiing, hiking, and spending time with his spouse, daughter, and dog.

Jueta McCutchan, Psy.D. (she/her) is the Team Lead and Staff Psychologist at the American Samoa CBOC. She attained her Psy.D. in Clinical Psychology from Loyola University Maryland and she completed her APA-accredited pre-doctoral internship at Casa Pacifica, a Residential Treatment Center for children and families in Camarillo, CA. She returned to American Samoa to serve as the Clinical Psychologist, overseeing clinical services for the American Samoa Department of Human and Social Services (DHSS) Behavioral Health Services Division. She began her tenure with the VA PIHCS in December, 2017 and one of her passions is training, and capacity-building. She attained provider status in CPT, CBT for Insomnia, CBT for Chronic Pain, and Motivational Interviewing (MI). **Her areas of clinical interest include complex trauma, family systems, treatment of substance use disorders, and positive psychology.** Her hobbies include golf, hiking, and singing karaoke.

Amanda A. Mathias, Ph.D. (she/her) is the Team Lead and Hilo CBOC psychologist. She earned her Ph.D. in Clinical Psychology at Palo Alto University in California. Dr. Mathias completed her doctoral internship at the Iowa City VA where she served on a psychiatric inpatient unit and local CBOC. She completed her postdoctoral residency with an emphasis in Military Sexual Trauma and Women's Health at VAPIHCS. She is licensed in the state of Colorado. She is a VA certified Cognitive Processing provider, has a certification in Primary Care Mental Health Integration services, and has specialized training in community mental health and inpatient unit work. Her professional interests include trauma recovery, workplace sexual harassment, sexual trauma, working with psychology trainees, and program development. **Her diversity interests include improving access to care and addressing the needs of underserved and rural populations.** In her spare time, she enjoys snorkeling, free diving, watching crime documentaries, listening to music, and dancing.

Joshua Medjuck, Ph.D. (he/him) is a clinical psychologist at the Leeward Oahu Community Based Outpatient Clinic (CBOC). He completed an APA-accredited doctoral internship at the Aurora Community Mental Health Center in Colorado and received his doctoral degree from the University of Nevada, Reno. He also completed a postdoctoral residency in Primary Care/Mental Health Integration at VA Pacific Islands Health Care System. **His professional interests include integrated models of healthcare, health psychology, bibliotherapy, and evidence-based psychotherapy for individuals, couples, and groups. His professional diversity interests include improving access to care for underserved populations and culturally sensitive interventions.** In his spare time, he enjoys surfing, hiking, cooking, and exploring the Hawaiian Islands.

Jessica Murakami, Ph.D. (she/her) is a staff psychologist at the Leeward Oahu Community Based Outpatient Clinic (CBOC). She was born and raised in Honolulu, Hawaii and received her doctoral degree from the University of Hawaii at Manoa. Dr. Murakami completed her a pre-doctoral internship at Geisinger Medical Center in Danville, Pennsylvania and post-doctoral training at VAPIHCS. Dr. Murakami has a background in Cognitive Behavioral Therapy and Acceptance and Commitment Therapy. **Her professional interests include the assessment and treatment of eating disorders, weight stigma, LGBTQ psychology, and the implementation of evidence-based psychotherapy in diverse clinical settings.** Outside of work, she enjoys surfing, hiking, cooking, traveling, binge-watching Netflix, and spending time with friends and family, including her shiba inu, Riku.

Dennis J. Perez, Ph.D., is the Lead Professional for Psychology and staff Compensation and Pension (C&P) Psychologist performing mental health C&P exams for the C&P unit. Dr. Perez received his Ph.D. from Loyola University Chicago. He worked for eleven years at the University of Illinois-Chicago Counseling Center as a staff psychologist providing psychotherapy, coordinating the Multicultural Committee and

coordinating the career counseling program. He began his employment with the Spark M. Matsunaga VA Medical Center in January of 2008. **His areas of interests include multicultural therapy, PTSD, CBT and existential treatment modalities.**

Erin Sakai, PhD, (she/her) is a clinical psychologist in the Behavioral Health Interdisciplinary Program (BHIP). She received her Ph.D. from Washington University in St. Louis (Clinical Psychology and Aging and Development) and completed her internship (Geropsychology track) and post-doctoral fellowship (Geropsychology emphasis) at the VA Palo Alto Health Care System. Prior to joining VAPIHCS, Dr. Sakai was a staff psychologist at the VA Palo Alto Health Care System, where she worked in the outpatient Mental Health Clinic and Geriatric Research, Education, and Clinical Center (GRECC) primary care clinic. Dr. Sakai is VA-trained and certified in Motivational Interviewing, Cognitive-Behavioral Therapy for Insomnia, and Problem Solving Therapy. She serves as a member of the VA Psychology Training Council (VAPTC) Administrative Committee. **Her professional diversity interests include the intersection of aging and mental health; the impact of personal, cultural, and systemic factors on life transitions; adaptation of evidence-based intervention for geriatric populations; and integration of technology into clinical care.**

Shelley Silvers, PhD, is a clinical psychologist in the TelePain Clinic. She earned her doctoral degree in Clinical Psychology at Northern Illinois University. She completed her doctoral internship at the James H. Quillen VAMC (JHQVAMC) in Mountain Home, TN, and her postdoctoral work in pain management at the James A. Haley VAMC in Tampa, FL. In 2007, she returned to the JHQVAMC in the role of Program Coordinator where she developed the facility's pain clinic. During her time there, she also served as the facility's Pain Point of Contact, Pain Committee Chair, and Subject Matter Expert. She has been a consultant for Cognitive-Behavioral Therapy for Chronic Pain (CBT-CP) since 2012. In 2019, she moved to Kaua'i to assume the role of TelePain Psychologist for the VAPIHCS. Her professional interests include pain self-management, mindfulness, whole health, and program development. She is also trained in clinical hypnosis. **Her diversity interests include addressing the needs of rural veterans to include improving access and services to underserved populations.** Her personal interests include fostering/rescuing dogs, weightlifting, and practicing or teaching yoga.

Theodora Stratis, Ph.D., is the Program Manager for the Primary Care/Mental Health Integrated Care Team and Assistant Training Director of the Postdoctoral Residency program at VAPIHCS. Born and raised in Honolulu, she received her doctoral degree from Loma Linda University after completing internship at the Phoenix VAMC. Dr. Stratis attended postdoctoral fellowship at VA Pacific Island Healthcare Systems with an emphasis in Primary Care/Mental Health Integration. Her Interests include health psychology, health disparities, cross-cultural psychology, women's health, Gestalt Therapy, complementary and alternative medicine usages in ethnic minority populations, clinical hypnosis, guided imagery, chronic pain Primary Care/Mental Health Integration. **Her professional diversity interests include Asian American population, health disparities among Asian Americans and underserved populations, CAM and traditional/cultural usage amongst ethnic minorities for physical and mental health issues, and women's health.** Her hobbies are cooking, traveling, classical piano and jazz and her cats.

Caitlin J. Tyrrell, Ph.D. (she/her) is a clinical psychologist and Team Lead in the Behavioral Health Interdisciplinary Program (BHIP). She attended the University of Colorado - Colorado Springs, where she received her doctorate in clinical psychology with a curricular emphasis in geropsychology. After completing a pre-doctoral internship at the Orlando VA Medical Center, she went on to a postdoctoral residency in professional geropsychology at the VA Puget Sound, American Lake Division. Her professional interests include mental health and aging, psychotherapy in the context of complex medical comorbidities, and psychological and cognitive assessment. **Her professional diversity interests include cultural competency in assessment and intervention, working with underserved populations, and the intersectionality of aging with other diversity variables.** She enjoys yoga, crochet, going to the beach, and spending time with family and friends.

Sara Wong, Ph.D. (she/her) is a psychologist with the Substance Abuse Treatment Team (SATP). She received her doctorate from the Pacific University School of Graduate Psychology in Portland, OR. She

completed both her predoctoral internship and postdoctoral residency with an emphasis in rural health at VAPIHCS. She was born and raised in Honolulu, Hawaii and is appreciative of the opportunity to provide care for the community that helped instill her personal and professional values. She enjoys working with Veterans from rural and underrepresented communities. **Her professional interests include community outreach, person-centered care and empowerment in integrated care settings, understanding multicultural/diversity factors in all areas of the professional practice of psychology, and program development and evaluation.** As a clinician, she is highly passionate about reducing barriers to care, treating older adults and those who presents with complex medical histories, and performing cognitive assessments. In her free time, she enjoys spending time with family, cooking, running, and spending time with her Frenchie/Boston mix, Arya.

Debra J. Fan Yamashita, Ph.D., (she/her) is Program Manager for the Mental Health Recovery program. She earned her doctorate in clinical psychology from Pacific Graduate School of Psychology, Palo Alto University in Palo Alto, CA. Her doctorate included an emphasis in Community Mental Health. She completed her doctoral internship and postdoctoral residency at the VA Pacific Islands Health Care System with an emphasis in severe persistent mental illness (SPMI) and psychosocial rehabilitation. She returned as staff at VAPIHCS after working with the Department of Health, Adult Mental Health Division inclusive of: SPMI, dual diagnoses, and forensic encumbrance. Her professional interests include recovery-oriented psychosocial rehabilitation and Acceptance & Commitment Therapy. She enjoys spending time with her family, cooking, and sewing.

Oscar H. Yan, Ph.D., (he/him) is a psychologist with the Primary Care/Mental Health Integrated Care team. Dr. Yan received his Ph.D. in Clinical Psychology from Teachers College, Columbia University. He completed his predoctoral internship VA Pacific Islands Health Care System and remained at this station to complete a postdoctoral residency in Primary Care/Mental Health Integration. His professional interests include loneliness/social connectedness, integrated healthcare, bereavement, health psychology, psychosis and emerging network models of psychopathology. Dr. Yan enjoys eating, traveling and taking advantage of life in Hawaii by floating around in the ocean looking at fish or catching waves.

Eunice Yap, Ph.D. (she/her) is a clinical psychologist for the Veterans Integration to Academic Leadership (VITAL) program. She received her Ph.D. with emphasis in Neuropsychology at Loma Linda University. Dr. Yap completed her internship at VA Loma Linda Healthcare System in CA and her two-year postdoctoral residency in Rehabilitation psychology at VA Bedford Healthcare System in MA. Prior to joining VA Pacific Islands Healthcare System, Dr. Yap served as a staff psychologist for the VITAL program in Bedford and worked with active duty service members at Tripler Army Medical Center. **Her professional interests include working with the student veteran population, adjustment after military service, improving access to VA healthcare, program development, and cognitive rehabilitation services to optimize learning and academic success.** She enjoys spending time outdoors in nature with family and doing yoga.

Requirements for Completion

To maintain good standing in the internship program, interns need to meet the minimum levels of achievement in completion of all clinical rotations during each six-month portion of the internship. Interns also need to complete a special project, complete six integrative psychological assessment, complete one teaching presentation, effectively engage in diversity (inclusive of relational learning) and didactic seminars, twelve intake assessments, attend required administrative meetings/duties, and comply with other administrative requirements of the internship program.

Facility and Training Resources

A trainee chart room equipped with computer work stations and storage areas provides a common area for interns (along with psychology postdoctoral fellows) to complete charting and administrative tasks. Interns may reserve clinical treatment rooms in the trainee area as needed for providing clinical services. In many of the rotations, clinical services are provided by the intern in group and interview rooms available to the clinical program. Audio and video recording equipment is available, along with necessary consent procedures and forms, to enable interns to record sessions for review in supervision. VAPIHCS shares

librarian resources with the Alaska VA, providing support to psychology trainees at VAPIHCS. Clerical support for clinical scheduling and documentation needs is available through the clinical programs of the various rotations. There is program support assistant within Mental Health Services that offers support for administrative aspects of the training program, (e.g., timekeeping, payroll, etc.).

Administrative Policies and Procedures

Authorized absence (paid leave time) of up to five days per year may be granted with approval of the Training Director for purposes of attending external didactic training or conferences, dissertation defense, interview for postdoctoral appointment within the federal government, or other training activities consistent with our mission of ensuring that Veterans have continuing access to highly qualified psychological staff. Our internship program does not discriminate against and will provide reasonable accommodation for qualified individuals with disabilities when such an adjustment or change is requested and needed at work for a reason related to a medical condition. Requests for accommodation do not need to be made during the application process. However, if accommodations are needed, requests should be submitted as soon as possible after selection to enable the program to make necessary arrangements.

Problem resolution and complaint procedures to ensure interns have due process in addressing concerns are described in our Psychology Internship Policies and Procedures Manual that is given to and reviewed with all incoming interns (available to intern candidates upon request).

Consistent with the [APA Ethical Principles of Psychologists and Code of Conduct](#), trainees involved with the VAPIHCS psychology training program are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others). In situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk, disclosure is required. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees are invited to engage in discussion about their various cultural identities as part of diversity exercises. Although not required, we also encourage trainees to self-disclose as a part of self-reflective process and engagement in growth within the supervisory relationship. Our staff psychologists do not provide psychotherapy for interns though we encourage interns to address personal concerns in therapy. Limited service is available via an Employee Assistance Program; Hawaii law mandates that health insurance plans include psychotherapy; and some psychologists in our community may provide therapy to students pro bono or at a reduced rate.

We do not collect personal information, including “cookies” or monitoring visits of access to our website.

Trainees

<u>Year</u>		<u>School</u>	<u>Program</u>	<u>Degree</u>
22-23	Rural	University of Alaska Anchorage/ Fairbanks	Clinical	PhD
	Gen	University of Denver	Clinical	PsyD
		University of Arkansas-Fayetteville	Clinical	PhD
		Yeshiva University	Clinical	PhD
		Xavier University	Clinical	PsyD
		PGSP-Stanford	Clinical	PsyD
21-22	Rural	Palo Alto University	Clinical	PhD
	Gen	University of Georgia	Counseling	PhD
		PGSP-Stanford	Clinical	PsyD
		PGSP-Stanford	Clinical	PsyD
		University of Utah	Counseling	PhD
		Washington State University	Clinical	PhD
20-21	Rural	University of New Mexico	Clinical	PhD
	Gen	Boston University	Clinical	PhD
		Northwest University	Counseling	PsyD
		PGSP-Stanford	Clinical	PsyD
		Palo Alto University	Clinical	PhD
		Washington State University	Clinical	PhD
19-20	Rural	Pacific University	Clinical	PsyD
	Gen	University of Washington	Clinical	PhD
		Alliant University-San Diego	Clinical	PsyD
		Alliant University-San Diego	Clinical	PsyD
		Palo Alto University	Clinical	PhD
		Palo Alto University	Clinical	PhD
18-19	Rural	University of Washington	Clinical	PhD
	Gen	Palo Alto University	Clinical	PhD
		University of Massachusetts-Boston	Clinical	PhD
		Loma Linda University	Clinical	PsyD
		Western Michigan University	Clinical	PhD
		Fuller Theological Seminary	Clinical	PsyD
17-18	Rural	Seattle Pacific University	Clinical	PhD
	Gen	Biola University	Clinical	PsyD
		St. John's University	Clinical	PhD
		Loma Linda University	Clinical	PhD
		Biola University	Clinical	PsyD
		Pacific School of Professional Psychology	Clinical	PsyD
16-17	Rural	University of Southern California	Clinical	PhD
	Gen	University of North Carolina- Chapel Hill	Clinical	PhD
		Pacific Graduate School of Psychology	Clinical	PhD
		Southern Illinois University	Clinical	PhD
		Biola University	Clinical	PhD
		Columbia University	Clinical	PhD
15-16	Rural	University of Mississippi	Clinical	PhD
	Gen	St. Louis University	Clinical	PhD

		Virginia Commonwealth University	Counseling	PhD
		Loma Linda University	Clinical	PhD
		Wisconsin School of Prof. Psychology	Clinical	PsyD
		Fuller Theological Seminary	Clinical	PhD
14-15	Rural	PGSP, Palo Alto University	Clinical	PhD
	Gen	Pepperdine University	Clinical	PsyD
		Nova Southeastern University	Clinical	PsyD
		Washington State University	Clinical	PhD
		University of California-Los Angeles	Clinical	PhD
		Louisiana Tech University	Counseling	PhD
13-14	Rural	Seattle Pacific University	Clinical	PhD
	Gen	University of Northern Colorado	Counseling	PhD
		PGSP, Palo Alto University	Clinical	PhD
		Texas A & M University	Counseling	PhD
		PGSP Stanford Consortium	Clinical	PsyD
		University of Wisconsin – Milwaukee	Counseling	PhD
12-13		Biola University	Clinical	PhD
		Brigham Young University	Clinical	PhD
		Palo Alto University	Clinical	PhD
		University of Maine	Clinical	PhD
		University of Wisconsin	Counseling	PhD

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented:	
All requirements of federal hiring and employment, as well as VA health care system as outlined throughout this brochure and via program homepage: Psychology Training Education VA Pacific Islands Health Care Veterans Affairs	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

We look for interns whose academic background, clinical experience and personal characteristics give them the knowledge and skills necessary to function well in our internship setting. At the same time, we look for interns whose professional goals are well suited to the experiences we offer such that our setting would provide them with a productive internship experience.

The ideal candidate has demonstrated strengths in clinical work, academic preparation, personal characteristics related to the profession, and research productivity. The ideal candidate has the ability to function independently with initiative under appropriate supervision, with flexibility, maturity, good judgment, and cultural sensitivity. This candidate has interest in a scientist-practitioner training model. We prefer candidates with experience working with complex patients and problems, and who also have a passion for providing care to Veterans within a diverse cultural setting. The ideal candidates have an interest in life-long learning and who are seeking a doctorate degree in psychology in order to offer more to society rather than seek what they can get out of society. In addition to these selection factors, we like to compose our incoming class with a variety of interns: from different kinds of programs; from different geographic areas; of different ages, backgrounds, and life experiences. This approach is a reflection of our commitment to diversity in psychology.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	NA		Amount: NA
Total Direct Contact Assessment Hours	NA		Amount: NA

Describe any other required minimum criteria used to screen applicants:

U.S. Citizen

Completion of coursework and on track for completion of a doctoral degree in Counseling or Clinical Psychology from an American Psychological Association (APA), Canadian Psychological Association (CPA) accredited graduate program (prior to start date of internship program), or Psychological Clinical Science Accreditation System (PCSAS) program.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$29,003	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Coverage of family member(s) available?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Coverage of legally married partner available?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Coverage of domestic partner available?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 hours	
Hours of Annual Paid Sick Leave	104 hours	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Other Benefits (please describe): Doing meaningful work and being invested in as a future psychologist in a richly diverse location		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	0	1
Community mental health center	0	1
Consortium	1	0
University Counseling Center	1	1
Hospital/Medical Center	0	0
Veterans Affairs Health Care System	13	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	0	0
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.